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ABSTRACT

Presented is the complete text of a public hearing (May 14, 1973) before the Subcommittee on the Handicapped (of the Senate Committee on Labor and Public Welfare), considering S.6, a bill to provide financial assistance to the states for improved educational services for handicapped children. Included are the testimonies and statements of witnesses such as Joe Burton, member of the Georgia General Assembly and parent of a handicapped child; Dr. Charles Barnett, commissioner of the South Carolina Department of Mental Retardation; William Scypher, a parent of two mentally retarded children; Larry Washington, a tailor and graduate of a special education program; and Susan Pence, a speech and hearing clinician. Additional material in the form of articles, publications, and communications to senators includes titles such as "How to Teach the Hard-to Reach", "Secondary School Children with Learning Problems, the Hidden Handicap", and a table of state data on education of handicapped children. (DB)

EDUCATION FOR ALL HANDICAPPED CHILDREN, 1973-74

ED 094506

HEARINGS

BEFORE THE

SUBCOMMITTEE ON THE HANDICAPPED

OF THE

COMMITTEE ON LABOR AND PUBLIC WELFARE UNITED STATES SENATE

NINETY-THIRD CONGRESS

FIRST SESSION

ON

S. 6

TO PROVIDE FINANCIAL ASSISTANCE TO THE STATES FOR IMPROVED EDUCATIONAL SERVICES FOR HANDICAPPED CHILDREN

MAY 14, 1973
COLUMBIA, S.C.

PART 2

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
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Printed for the use of the Committee on Labor and Public Welfare

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Printed for the use of the Committee on Labor and Public Welfare

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EDUCATION FOR ALL HANDICAPPED CHILDREN, 1973–74

MONDAY, MAY 14, 1973

U. S. SENATE,
SUBCOMMITTEE ON THE HANDICAPPED OF THE
COMMITTEE ON LABOR AND PUBLIC WELFARE,
Columbia, S.C.

The subcommittee met, pursuant to notice, at 9:30 a.m., in the senate chamber of the State House, Columbia, South Carolina, Senator Harrison A. Williams, presiding pro tempore.

Present: Senator Williams.

Staff present: Lisa Walker, professional staff member; and Ray Millenson, minority professional staff director.

Senator WILLIAMS. Good morning. The Senate Subcommittee on the Handicapped is meeting here today, graciously suggested by Senator James M. Waddell, who is chairman of the Governor's Joint Committee on Mental Health and Mental Retardation, and second vice chairman of the South Carolina State Senate Finance Committee. Together we are members of the Education Commission of the States' Task Force on the Education of Handicapped Children.

I think it appropriate for you, Senator Waddell, to have the opening words here this morning.

STATEMENT OF HON. JAMES M. WADDELL, A SENATOR IN THE SOUTH CAROLINA STATE LEGISLATURE AND CHAIRMAN OF THE GOVERNOR'S JOINT COMMITTEE ON MENTAL HEALTH

Mr. WADDELL. Senator, ladies and gentlemen, thank you very much. I'd like to take this opportunity to welcome each and every one of you to the hearing, particularly those from out of State and those that have shown enough interest in this problem to be present today.

Senator Williams, we want to welcome you and your staff, and thank you for providing the opportunity for these people to be heard. I have had the privilege of testifying before your subcommittee in Washington. Therefore, I feel it would be redundant for me to say anything this morning other than simply a welcome.

I would like to take the opportunity, though, to read to you two letters which I have that will be entered at this point in the record. One is from Governor West.

> Dear Senator Williams: It is with regret that I am not able to accept your kind invitation to appear on behalf of the vital legislation concerning mentally retarded citizens and handicapped citizens of our nation. Please be assured that my absence is an unavoidable scheduling conflict and not through any lack of interest on behalf of this critical issue. As I stated at Hilton Head last fall, I strongly support efforts aimed at providing greater assistance for the handicapped and helping them to become more active members of their communities. The proper approach, I feel, is one which maximizes the partnership between the federal and state levels of government. I shall continue to pursue the philosophy

here in South Carolina, and you have my continued support in your endeavors in Washington. With best personal regards.

Sincerely,

JOHN C. WEST,
Governor, State of South Carolina.

Mr. WADDELL. We did have the opportunity to visit with the Governor just a few minutes, before he left.

The other letter that I have is from Senator James P. Harrelson, Fifteenth Senatorial District of South Carolina.

[The following information was supplied for the record:]

Senator HARRISON WILLIAMS,
Chairman of the Labor and Welfare Committee,
Washington, D.C.

DEAR SENATOR WILLIAMS: I was requested by Mr. Merritt of the National Legislative Council, to appear before your committee today, to testify in behalf of Senate Bill Six, your bill to provide financial assistance to the states for improved educational services for the handicapped children. I regret that I am unable to be here today, but I was requested to be present in New York to testify before the National Rating Bureau on Workmen's Compensation. I have very strong feelings concerning the need of a federal-state partnership in the education of our handicapped children. This segment of the population, in my opinion, has been long neglected, and we in South Carolina have made progress in this field, but without assistance of federal funds. I am afraid that our solution to the problem will take many, many years, whereas with the assistance of your bill, this task of providing an adequate education for all children could be accomplished in a reasonable length of time. With the federal-state partnership, I feel that we could implement early diagnosis and treatment, which would mean millions of dollars of savings for the future, plus allowing a child to reach his maximum potential.

With kindest regards, I am

Senator JAMES P. HARRELSON,
Fifteenth Senatorial District.

Mr. WADDELL. And again let me say, Senator, I am delighted that you are here, and we would like to welcome you on behalf of the State of South Carolina.

Senator WILLIAMS. Thank you very much, Senator Waddell. We are pleased to join you here in the Senate Chamber today, and I want to welcome all of you who have come to this hearing this morning. This marks the third in a series of regional hearings by the Subcommittee on the Handicapped, to discuss S-6, "The Education for all Handicapped Children Act." The testimony we've received in the earlier hearings makes a compelling case for enactment of this legislation. In Newark, N.J., and again last week in Boston, Mass., we heard from State officials, State legislators, parents, and professionals who spend their working lives with handicapped children.

Inevitably, we've been told of the search for services and of their helplessness in the face of budget constraints. They made it clear that commitments of new money, personnel, and programs are absolutely essential if we are to assure each handicapped child the right to an appropriate public education.

I know we're all aware of the lack of adequate programs for handicapped children and of the denial of their rights by exclusion or inappropriate placement. But I found it to be particularly moving to hear personally from parents who can catalog the long list of excuses that they've been given to explain why their child cannot be educated in the regular school system.

We've also heard during these hearings from parents who were able to describe what might be called success stories. These parents were the lucky ones, who, because of accidents of geography or chance contact, were able to place their children in appropriate education programs. I, particularly, remember one mother who expressed her gratitude at finding services for her child. She said, "At least we know now that we are not at fault. We know that there are services that can help our son and that we can now have the same hopes and dreams for him as other parents have for their children."

This illustrates the true tragedy of the situation, the anguish, frustration, and responsibility which the parent must carry, knowing that services are often found only through luck, and discovering the gap between what is being done and what can be done, if only the funds are available.

Adequate educational services for handicapped children do exist in schools and in classrooms throughout the country. You can observe classrooms where it is obvious that children are learning, that their disabilities are being treated, and that they are receiving education and training which will enable them to leave the school and go out into society more independently. Yet in another school in the same system, the situation might be reversed.

It might be easier to overlook our failure to provide for these children if these contrasts were not so obvious.

The old argument that our schools and institutions are not equipped to deal appropriately with handicapped children simply doesn't hold up. The schools and institutions can be changed, and they must be changed. The courts are not listening to arguments of convenience, and it is time our public laws caught up with the courts.

It is for this reason that I introduced the bill before us today, "The Education for All Handicapped Children Act." This legislation would, first of all, provide the funding needed to assure the right to education for all handicapped children throughout the United States. Furthermore, it would build into this educational system protections for the rights of these children and for their parents.

This bill and the evidence we gather here today will bring us closer to making the right to education for handicapped children a viable reality. I am looking forward to receiving all the comments and testimony at this most important hearing this morning.

I would say that one of our mainstays of support for this legislation is Senator Hollings, from the State of South Carolina. We have had the statement and testimony which meant so much to us, of Senator James Waddell at our hearing in Washington. His commitment is complete, and I'm delighted to have him beside me today as we now move to our first witness, who will be Representative Joe Burton, from Atlanta, Ga. Following Representative Burton we will go to the panel of witnesses, who have special expertise in the areas of institutional services and problems surrounding testing and evaluation. I believe the panel members—Dr. Fleetwood, Dr. Hurley, and Dr. Barnett—have been advised they will follow Representative Burton. Thank you very much, Mr. Burton, for being with us this morning.

STATEMENT OF HON. JOE BURTON, ATLANTA, GA., MEMBER OF THE GENERAL ASSEMBLY OF GEORGIA AND A PARENT OF A HANDICAPPED CHILD

Mr. BURTON. Thank you very much, Senator Williams.

Mr. Chairman and members of the committee, my name is Joe Burton. I'm a member of the General Assembly of Georgia, representing the 47th District of the House of Representatives. I am also the parent of a handicapped child. I am most appreciative of the mission undertaken by this subcommittee and the benefits that will result from the implementation of this legislation.

We are grateful for the thoroughness with which you pursue the facts and seek out possible problem areas. Within the past year or so we have noted several court actions taken by parents of handicapped children, seeking appropriate court actions, or seeking appropriate public-supported education for their children, in both individual and class actions.

With adequate Federal support such as you propose in your Senate bill 6, and State compliance with the stated requirements outlined under the conditions of eligibility, it is hoped that parents of exceptional children in Georgia will not feel compelled to seek court action to protect the rights of their children.

We parents of exceptional children are grateful for the impact of national visibility upon the urgency of responses by the States toward the need for programs for the handicapped. This national visibility, brought forth through the efforts of many Senators and Congressmen as well as by the Bureau of Education for the Handicapped, has placed the plight and needs of exceptional children into direct confrontation with the conscience of our Nation.

We must now face these needs in a new dimension. We can no longer condemn the actions of Pilate and his wash basin routine without the painful awareness that we, too, have been in the hand washing business for as long as history has been recorded.

We, in Georgia, are proud to report that we have had legislation in effect since its passage in 1968—known as House bill 453—that is similar to the State action you require in Senate bill 6. Our State has committed itself, by law, to the task of providing public-supported education for all exceptional children by the school year 1975–76. This legislation requires comprehensive planning for special education on the part of every local school system in the State. Although we have encountered many problems in the statewide implementation of this legislation, we will be spending an amount approaching $60 million our next fiscal year, and we anticipate this will serve between 70 and 80 percent of the educational needs of our exceptional children.

In a review of Senate bill 6, I would like to offer a few points that might possibly encounter the same difficulties we have seen in our own State efforts to make our program complete throughout the State.

First of all, it is hoped that you will retain the broad definition of handicapped children, as stated on page 2, lines 19 through 24.

In section 8, page 5, starting with line 5, it is hoped that this stipulation will permit interagency cooperation where it is required in more complex instances of exceptionality, for best results.

On page 9, lines 1 through 19, it is hoped that this well-intentioned safeguard will not prove excessively expensive and complicated in its implementation.

Finally, it is hoped that local school systems, unlike the more sophisticated and efficient urban systems, will not find the requirements too complicated for them to qualify for participation. Getting our State program fully implemented in our small, local, rural school systems is a challenge to us. Their problems are not the same as those of the larger systems, and they usually lack the means to cope with complicated requirements.

Before I conclude, please permit me to state that my handicapped child is 22 years of age at present and is hopeful of entering a sheltered workshop for retarded adults this year.

I could speak for hours of the problems we faced when this child was forced to cope with the demands of a society that was once not very tolerant and understanding, or the problems we faced in financing the best preparation available to us to prepare this child for a useful life, and the problems we faced in trying to educate this child outside established educational channels.

I could speak for hours, also, on the blessings the presence of this child has brought to our home and our community. I am grateful that her presence served as an instrument to inspire me to work in behalf of her needs and those of thousands of other such children in our State. We feel privileged to live during that period of the history of mankind when at last the veil of cruel neglect is to be cast aside and the needs of these children recognized and met.

Senator Williams, I express to you and your committee my congratulations and my personal gratitude for your efforts in bringing forth man's finest hour. Please call on me for any assistance I can render.

Senator WILLIAMS. We certainly appreciate that expression, Representative Burton, and I know that we will be calling on you for assistance as we move closer to final consideration and passage of this legislation. Your understanding and your commitment to the effort will be very helpful indeed.

I note that your State of Georgia, according to our list of all the States efforts in meeting their responsibility to handicapped children ranks high now. But even with that, I gather that you consider this supplemental effort, which you speak of with great knowledge, to be vital.

Mr. BURTON. We do need your help, Senator.

Senator WILLIAMS. Thank you. I wonder if you do have figures for Georgia for the State contribution to the communities in meeting the educational needs of handicapped youngsters.

Mr. BURTON. I would have to get those figures and send them to the committee.

[The information subsequently supplied for the record follows:]

State of Georgia Efforts in Meeting Responsibility to Handicapped Children

The State of Georgia reimburses local educational agencies based on a minimum foundation formula, in which local educational agencies contribute a percentage dollar amount which varies with property valuation within the community. Based on this variable valuation, the State reimbursement currently varies from 52% to 88% State contribution.

Total State expenditure for FY 1974 for special education was $51,244,425, with local agencies contributing $4,523,465. For FY 1975, estimated expenditure will be $66,523,924, with local agencies contributing $7,863,614. These State figures include both minimum foundation items, and additional line item appropriations, such as support of specialized centers. The local figures include both the local contribution for minimum foundation items, and additional expenditures for supplements for teachers salaries and supporting materials and equipment. The State minimum foundation items include an average basic teacher salary, pro rata cost per teaching unit for maintenance and operation of building and grounds, an allotment for instructional media and materials and for transportation costs.

Senator WILLIAMS. Our table doesn't show that. It just shows the percentage of young people living with handicaps who are reached through the educational system. It also indicates the extra cost because of the special exceptional situations that you face. These figures are estimates made by the Office of Education using 1972 data, I believe.

TABLE 1. STATE DATA ON EDUCATION OF HANDICAPPED CHILDREN

State	Est. Avg. Pupil Exp. F/ Handi. Children	Excess Cost F/Handi. Children	Handi-Capped Aged 0-21 Served	Total Cost Excess $	75% Excess Cost Williams Bill
Alabama	$ 948	$ 474	22,384	$ 10,610,016	$ 7,957,512
Alaska	2,122	1,061	1,975	1,989,375	1,492,032
Arizona	1,362	681	12,678	8,633,718	6,475,288
Arkansas	962	481	12,492	6,008,652	4,506,489
California	1,570	785	321,765	252,585,525	189,439,143
Colorado	1,412	706	37,566	26,521,596	19,891,197
Connecticut	1,830	915	35,544	32,522,760	24,392,070
Delaware	1,688	844	8,351	7,048,244	5,286,183
District of Columbia	1,822	911	9,568	8,716,448	6,537,336
Florida	1,402	701	105,021	73,619,721	55,214,790
Georgia	1,054	527	65,061	34,287,147	25,715,360
Hawaii	1,632	816	9,106	47,430,496	35,572,872
Idaho	1,134	567	8,395	4,759,965	3,569,973
Illinois	1,756	878	180,877	158,810,006	119,107,504
Indiana	1,392	696	86,599	60,272,904	45,204,678
Iowa	1,576	788	36,521	28,778,548	21,583,911

State	Est.Avg. Pupil Exp. F/ Handi. Children	Excess Cost F/Handi. Children	Handi-Capped Aged 0-21 Served	Total Cost Excess $	75% Excess Cost Williams Bill
	$	$		$	$
Kansas	1,468	734	27,713	20,341,342	15,256,006
Kentucky	1,064	532	24,336	12,946,752	9,710,064
Louisiana	1,166	583	45,056	26,267,648	19,700,736
Maine	1,310	655	6,758	4,426,490	3,319,867
Maryland	1,748	874	66,259	57,910,366	43,432,774
Massachusetts	1,570	785	63,460	49,816,100	37,362,075
Michigan	1,752	876	165,018	144,555,768	108,416,826
Minnesota	1,788	894	70,423	62,958,162	47,218,621
Mississippi	862	431	16,587	7,148,997	5,361,747
Missouri	1,340	670	65,110	43,623,700	32,717,775
Montana	1,498	749	5,358	4,013,142	3,009,856
Nebraska	1,406	703	23,734	16,685,002	12,513,751
Nevada	1,482	741	6,300	4,668,300	3,501,225
New Hampshire	1,388	694	6,070	4,212,580	3,159,435
New Jersey	1,982	991	99,189	98,296,299	73,722,224

State	Est. Avg. Pupil Exp. F/ Handi. Children	Excess Cost F/Handi. Children	Handi-Capped Aged 0-21 Served	Total Cost Excess $	75% Excess Cost Williams Bill
New Mexico	$ 1,270	$ 635	8,655	$ 5,495,925	$ 4,121,943
New York	2,530	1,265	221,219	279,842,035	209,881,526
North Carolina	1,092	546	73,739	40,261,494	30,196,120
North Dakota	1,242	621	8,947	5,556,087	4,167,065
Ohio	1,406	703	175,300	123,235,900	92,426,925
Oklahoma	1,158	579	23,746	13,748,934	10,311,700
Oregon	1,746	873	26,274	22,937,202	17,202,901
Pennsylvania	1,074	837	156,830	131,266,710	98,450,032
Rhode Island	1,788	894	13,475	12,046,650	9,034,987
South Carolina	1,032	516	38,275	19,749,900	14,812,425
South Dakota	1,262	631	4,414	2,785,234	2,088,925
Tennessee	1,010	505	49,173	24,832,365	17,124,273
Texas	1,166	583	175,662	102,410,946	76,808,209
Utah	1,224	612	27,079	16,572,348	12,429,261
Vermont	1,470	735	4,612	3,389,820	2,542,365
Virginia	1,316	658	44,768	29,457,344	22,093,008
Washington	1,654	827	64,223	53,112,421	39,834,315

State	Est. Avg Pupil Exp. F/ Handi. Children	Excess Cost F/Handi. Children	Handi- Capped Aged 0-21 Served	Total Cost Excess $	75% Excess Cost Williams Bill
West Virginia	1,218	609	15,161	9,233,049	6,924,786
Wisconsin	1,704	852	66,230	56,427,960	42,320,970
Wyoming	1,652	826	5,665	4,679,290	3,509,467
American Samoa					
Bureau of Indian Affairs			N.A.		
Guam			N.A.		
Puerto Rico			N.A.		
Virgin Islands			N.A.		
Trust Territory			N.A.		
TOTAL	$73,500	$67,961	2,846,721	$2,277,507,383	$1,707,230,523
Average	$ 1,470				

Mr. BURTON. Senator, I might suggest that when members of your committee came to DeKalb County last week, they gathered considerable information and got a firsthand look at a comprehensive program in operation. Although the program still isn't as complete as we'd like it, I know, in this respect, and hasn't been fully implemented, at the same time it is a good comprehensive plan, and I hope that members of your staff were able to gather this for you.

Senator WILLIAMS. Well, we're looking forward to that report from our staff, which will be useful for our efforts, too. Thank you very much.

Mr. BURTON. Thank you.

Senator WILLIAMS. Dr. Dorothy Fleetwood, from Partlow State School in Tuscaloosa, Alabama; Dr. Oliver Hurley, from Special Education at the University of Georgia; and Dr. Charles Barnett, South Carolina Commissioner of Mental Retardation. Now, I didn't describe your professional activities. Why don't you, one by one, do that for us? Dr. Fleetwood.

Dr. FLEETWOOD. I'm Dorothy Fleetwood. I have an earned doctorate in special education from the University of Alabama. I'm presently director of habilitation services at an institution for the retarded, Partlow State School and Hospital. Partlow is under Federal court order in a right to treatment suit involving the mentally retarded. I have been director of the special education program and trained teachers in special education at universities in Alabama.

Dr. HURLEY. I'm Oliver L. Hurley. I'm an associate professor of special education at the University of Georgia, in Athens, Ga. I train teachers of the mentally handicapped.

Dr. BARNETT. Good morning, Senator. I'm Charles Barnett, commissioner of mental retardation for the State of South Carolina. I'm a member of the National Advisory Council on Developmental Disabilities, and I'm also privileged to speak in behalf of the National Association of State MR Coordinators, of which I'm immediate past president.

Senator WILLIAMS. Excellent. Dr. Fleetwood, do you want to lead here?

STATEMENT OF DR. DOROTHY FLEETWOOD, DIRECTOR, HABILITATION SERVICES, PARTLOW STATE SCHOOL AND HOSPITAL, ALABAMA DEPARTMENT OF MENTAL HEALTH, TUSCALOOSA, ALA.

Dr. FLEETWOOD. Yes, thank you. Don't let this frighten you. I have attached here a court order and an act, so it's not quite as long as it may seem; it's the attachments that are.

As I indicated, I am presently director of habilitation services at Partlow State School and Hospital, in Tuscaloosa, Alabama. Partlow is a part of the Alabama Department of Mental Health. As I say, it is an institution for the mentally retarded and houses approximately 2,000 residents.

I'm extremely grateful to be here today to present this testimony concerning the education and training of handicapped children related specifically to what is contained in Senator Williams' bill. I'm delighted with this bill, and my delight only adds to my gratefulness at being here today.

Among the residents at Partlow are children and adults with all types of the handicaps referred to in Senate bill 6, including some residents who test as functioning in the ranges of mild or borderline retardation. Some of the residents test as not even retarded, which is a deplorable situation. I think more and more of us in the country are becoming aware of this.

I was a teacher at Partlow during the summer of 1968 and I returned for employment at Partlow in June of last year, after the issuance of the *Wyatt* v. *Stickney* Federal court order, providing for the implementation of standards for habilitation, treatment, care and protection of the residents. In the years between, I was employed at Troy State University in southeast Alabama, where I established and taught in a special education program for training teachers of handicapped children. During that time I worked for passage of Alabama's Exceptional Child Education Act, No. 106, which was signed into law by Governor Wallace in 1971.

In years past I have held positions teaching children with various types of handicaps, as well as nonhandicapped children.

I may have been invited today to represent only Partlow, an institution for the mentally retarded, and the Alabama Department of Mental Health, but I feel that I represent a much larger group of persons, particularly in Alabama—former students in training as teachers of handicapped children, parents of handicapped children, and, more importantly, the handicapped children themselves, in and out of institutions.

Senator Williams has presented what I think is a very fine bill, providing answers to many needs and possible solutions to problems in the education and training of handicapped children.

Unless we are ready to ask for the future's responsibilities of caring for these children as dependents upon us, with no feelings of worthiness, and at considerably greater cost, as indicated in this bill, we must provide them with the social and occupational skills required for survival as contributing members of our society, skills available to them only in special classes or with special services by qualified persons, which allow for their differences from what we call normal or average, whatever that may be.

In a school system that does not provide services for such handicapped children, can we honestly say that there is something wrong with the children? Can we honestly say this? Or would it not be more correct to say that there is something wrong with the system, that the system is inadequate, rather than the children, since it cannot provide for all the children who have needs.

I am in wholehearted agreement with statements in this bill that these services of education and training should not be provided out of the goodness of our hearts. I'm tired of being told, in essence, "Put a star in your crown for working for these children." As indicated in this bill, these are the rights of all of our handicapped children. An extremely significant aspect of this bill is reflected in the word "all." Even our act 106 in Alabama, with which I am pleased, has an element of exclusion—it authorizes services for all except the profoundly retarded. This aspect of Senate bill 6, recognizes a profound point in education. Education is for all children and for handicapped children. What is taught may vary depending upon needs and capabilities, but all are taught.

Another innovative aspect for me is the requirement for an individual plan for each child. This we are involved in at this time at Partlow, as prescribed by the court order, and it's a difficult task but a necessary one in order to provide appropriate effective services according to each child's needs. My strongest commendations to Senator Williams for this bill.

There is tremendous difference in possible success to be expected in providing adequate services to the young handicapped child in sequence during his early developing years, and in providing them to the older handicapped person who has passed through the developing years with little or no encouragement for attaining his potential. I am convinced that if we can provide services as prescribed in Senate bill 6 and can begin to reach these handicapped children at early ages, very few of them will be unable to function adequately in society.

The number of school-aged residents at Partlow is relatively small compared with the school's total population, and we face the extremely difficult task daily of trying to provide adequate educational and training services to older mentally retarded and otherwise handicapped institutionalized individuals, for preparing them to function in the community.

INSTITUTIONAL COSTS

A policy has been in effect at Partlow since June of last year implementing the residents' right to receive suitable educational services regardless of chronological age, degree of retardation, or accompanying disabilities or handicaps, as specified by the court order. We at Partlow are committed to this concept and are making every effort to see that it is implemented.

But it does take more than good will and intention to provide the services to the handicapped of any age. It takes funds in large amounts to provide the trained people and the materials necessary to accomplish the job.

In years past, attempts have been made to provide educational services to residents at Partlow, but not until the Federal court order, with its directives implementing standards, were the Alabama Department of Mental Health and Partlow able to consider adequate services of education and training. The total budget for Partlow for this year is approximately $13½ million, as compared with approximately $6½ million 2 years ago. And in Partlow's report to the court in October of last year, it was estimated that in order to meet the staff ratio standards of the court order, it will take an additional $9¼ million. This is based on the present population, which, of course, we're trying to reduce.

The statement has been made by the President's Committee on Mental Retardation that the ruling of this court order "establishes a principle that if voluntarily applied by other States would greatly improve the lot of a quarter million people without further legal action." I agree with this statement, but I also recognize that it may be unlikely that any State voluntarily applies the principle of Partlow's court order.

IMPLEMENTATION AT PARTLOW

A critical, continuing problem in implementation of coordinated programs in institutions is the lack of qualified staff to carry out effective programs. In attempting to carry out such programs and concentrating staff in certain areas of our campus at Partlow, other areas are maintained at this time with inadequate programs due to lack of staff. Concentrated recruitment efforts have not yet provided staff in sufficient numbers to fully implement all standards of the court order.

Each resident is fully evaluated by the diagnostic and evaluation area staff of Partlow, and an individualized habilitation plan is written for each resident, based on the results of the diagnostic and evaluation reports. A staff member who meets the requirements specified by the court for a qualified mental retardation professional is assigned the responsibility of supervising the implementation of each of these habilitation plans.

Training and habilitation programs are designed to foster independent living skills and to develop the residents' vocational and social potential to the point where community placement or sheltered living may be possible for them. For those residents who are unlikely to find employment in the community, training is designed to develop those skills necessary to function within a family and to interact successfully in social situations in the community.

I hasten to add that we have just begun, for it is a long, arduous road, with many discouraging moments mixed with the excitement of the challenge. For the mildly and moderately retarded, short-term residential services at Partlow are geared toward amelioration or modification of specific problems such as a social behavior, physical disabilities, or special educational deficits. For the severely and profoundly retarded and those with multiple handicapping conditions, Partlow is developing specialized training programs aimed at providing these individuals with the opportunity and the tools for a more self-rewardterm care considered an appropriate substitute for family living; however, even though the direction of the Alabama Department of Mental Health and of Partlow is toward community placement for residents of the institutions, the difficulties in locating or establishing community facilities and services are tremendous. This is a whole area of need for development.

ALTERNATIVES WITHIN THE INSTITUTION

The court order for Partlow defines habilitation as a process to be used by the staff to assist the resident in acquiring and maintaining certain life skills enabling him to cope more effectively and to raise his level of efficiency physically, mentally, and socially; that it includes, but is not limited to, formal structured education and training programs.

The organizational structure of Partlow was changed within the past year in an attempt to establish a framework within which habilitation services could be provided residents more effectively than in the departmentalized structure which had existed in the past. A new management system was initiated, utilizing a unit concept. The unit approach, which is a current trend in large institutions for the retarded, was introduced on a small scale last year. Since that time, with the combined efforts of the habilitation services staff and the nursing services staff, further work has been done toward designing a unit approach which would more effectively allow development.

What we have done, very simply, is regroup residents into residential and program areas of eight units, with an additional smaller unit for those with severe maladapted behavior, which we are calling the disruptive behavior unit. These residents have been grouped as homogeneously as possible, according to physical abilities, age, physical stature, and their functioning abilities in general. We at this time believe that we can better get to them if we have grouped them in this manner. We are so far pleased with it. Bear in mind once again what we've just begun. All of this is subject to change if we come up with better methods for this.

As I indicated, the mini unit is for those with severely disruptive behavior. We see this as short-term intensive treatment. Hopefully we can modify such behavior and they can return to the units where they belong and can better function.

Although the unit system does not replace the department structure entirely, it does provide for much more decentralization. What you have is a professional high-level staff located in the areas of residence of the residents. This way, of course, they are much aware of the residents' needs; rather than sitting off somewhere in a building, they are directly involved with them each day.

Habilitation services itself is structured into two areas—what we're calling program development and program implementation. The program development areas, at the present time there are eight separate areas, and the staff from these areas are either assigned to or represented at each of these units.

There is the communication skills area—speech, hearing, and language; psychological services, or what we frequently call functional living; social services; motivational and academic development, within which would be concentrated your more formal structured educational program; vocational services; adaptive physical education and recreation; religious services; and volunteer services. Occupational therapy is presently subsumed under the motivational and academic development area.

I had included in the written testimony—I'm not going into this—how the personnel in each of these areas serve. In the broadest definition of education, I see all of these areas in habilitation services as a part.

I'm somewhat aware of the pressures that you all are under at this time with reference to funding situations, but I plead for the provision of services to our handicapped children as described in Senate bill 6, provisions which, as stated in the bill, are their right.

Thank you.

Senator WILLIAMS. Thank you very much, Dr. Fleetwood. Why don't we continue with the panel, and then we'll get into a discussion.

STATEMENT OF DR. OLIVER L. HURLEY, ASSOCIATE PROFESSOR OF SPECIAL EDUCATION, UNIVERSITY OF GEORGIA, ATHENS

Dr. HURLEY. Senator Williams, ladies and gentlemen:

In this prepared paper I wish to make only three points. I also wish it to be understood that I speak not only as a professional in the field of special education, but also as a black.

My first point is an endorsement of the notion that all handicapped children, regardless of the severity of the handicap, are entitled to a free public education.

Some years ago, during the course of a visit to a State institution for the mentally retarded, I encountered a little girl who was lying in a crib. Wondering why she was so confined while the other children were not, I began to play with her. I found that even though I could make eye contact with her, she was unable to follow me with her eyes for more than about 12 inches. I began to try to teach her. In about 15 minutes she could follow me about a quarter of the way around the bed. I was convinced then, and still am, that with a little work this child could have been taught some useful behavior and could have been gotten out of the crib. It seems safe to say that no one with any authority was concerned about the education of that little girl.

For me, this child, who showed some ability to learn, typified our reactions to these difficult cases—hide them away, exclude them, forget them. Such a prejudicial attitude toward those who are different must be changed. The "Education for All Handicapped Children Act" will help in this regard. Someone must assume responsibility for the education of such children. To me, the State education agencies are a logical choice. It seems antithetical to American philosophy, as I see it, that whether or not a handicapped child gets proper care and proper educational treatment depends on the fatness of that child's father's wallet.

Secondly, I wish to endorse the part of the bill which specifically requires a written program for each child and its due process provisions. It is fairly common knowledge and belief in the black community that many of our children are being labeled mentally retarded and emotionally disturbed who are neither, that this is the school's way of avoiding accountability. While it is common knowledge, it is also extremely difficult to prove with hard data, except indirectly, since in effect we are dealing with institutionalized prejudice which results in proportionally too many minority children in classes for the retarded and too few in classes for the gifted. The requirement for a written program and due process, I believe, will substantially help to alleviate this problem which has been of paramount concern to me over the past few years.

While I cannot argue with the States' right to label children, I do argue with the label being applied on the basis of insufficient or incompetently gathered information with which the child or his parent is unfamiliar. Not only has the child usually not had an advocate, but too few systems inform the parent of the classification or of a change in school placement and the reasons for them. Although there are school systems which involve parents in the labeling decision and/or placement decision, with parental veto power, by and large this is not so. Additionally, too often the notice to the parents is written in educational or psychological jargonese or is so obfuscatory that the parents do not understand it. Requiring a written program and due process may make us professionals make our labels relevant to the educational process and our educational procedures relevant to our diagnoses.

Lastly, the provisions in the bill for objective criteria and evaluation procedures for each child on an established, explicitly stated schedule is a welcome inclusion. In the past, the process of labeling has been a formal procedure, while that of removal of labels has been accidental. Thus, once a child entered the special education subsystem, he was there for life. It has always been strange to me that a child's normal or near-normal performance in class carries so little weight if his IQ test says otherwise. In spite of the known flimsiness of much of our diagnostic procedures and the multiple sources of error therein, it is still not uncommon to find children who have not been reevaluated in 5 to 10 years. To us in the black community, this seems especially true when the child is black, poor, or both. Perhaps this bill will be the impetus for schools to do what is already required by law in many States, but seldom systematically done.

In conclusion, I hope that the Senate will pass this bill with its provisions essentially intact. However, since I do worry about fractionation of services, I hope that the integration of provisions of this bill with those of the Developmental Disabilities Act and others will be fostered.

Thank you for this opportunity to testify.

Senator WILLIAMS. Thank you, very much, Dr. Hurley. And now we'll turn to Commissioner Barnett.

STATEMENT OF DR. CHARLES BARNETT, COMMISSIONER, SOUTH CAROLINA DEPARTMENT OF MENTAL RETARDATION

Dr. BARNETT. Thank you, Senator Williams. Let me, on behalf of our department and the chairman of our commission, Dr. James Berry, of Marion, welcome you and your group to South Carolina.

In looking around this room, you have, in large part, the people who make things happen in South Carolina for the handicapped. I'm talking about both citizen-consumers and lay individuals, as well as agency personnel, who have for the last several years been giving major impetus to the improvement of services to the retarded and the handicapped in general.

On your right you have the man who has given primary leadership in this State in my tenure here. He has helped us to "turn the corner" in our concepts about service to the handicapped.

I'd like to make some general comments about Senate bill 6 and say initially, of course, that we are here to support this concept. And seeing Dr. Busbee and Dr. Williams, of the Department of Education, I will leave it to them to make any technical commentary on the bill, but I'd like to indicate some spinoff ramifications of this bill for the Department of Mental Retardation and for the handicapped in general.

Our department is charged by law with the development of a full range of services to the mentally retarded of our State, and as such we operate a network of community programs and residential service units. Our goals are the goals that have been enunciated here and by yourself as well; that is, to provide each individual who comes into our service continuum with the resources and encouragement and the wherewithal to move to his highest level of responsibility and his highest level of achievement within the ability that he has.

Back at the outset of my tenure as Commissioner here, about 4 years ago, we were for the most part an institutional State. One of the mechanisms that we used to get about the State and find out what the needs were in the area of community services was a series of community hearings, and I think one of the happenings at one of those hearings is germane to our deliberation here today.

This occurred over at Florence, S.C., at a regional hearing we held. As we moved through the professionals and the agency personnel and got around to a group that I consider extremely important in any consideration about services, the parents. This particular gentleman was the father of a 21-year-old retarded multiply-handicapped individual, and I think the remarkable thing about this gentleman was that he was very much aware of the fact that his son had seen 21 wasted years, and yet he had not lost his optimism, his outlook that something would be coming down the road in the way of services to help his son live a more useful life and certainly a more normal life. But at the conclusion of his comments, he said, "My son looks forward every afternoon to a walk around town with his dog, and every day he makes his particular trek around town and visits certain key spots along the way." And then there followed a second gentleman who stood up and made one very concise comment. He said, "I am the parent of a 6-year-old son. Is this what I have to look forward to when he is 21, a walk around with his dog?"

I think in this very simple statement—and that's all he said—we have both the challenge of all of our services and programs for the handicapped, and I think at the same time we have a point of reinforcement for the significance of Senate bill 6 and the provisions it brings to the handicapped of this State and other States in the Nation.

I think it's obvious as you look around the country that there is a quiet—or perhaps not so quiet—revolution that is taking place in services to the handicapped. The most powerful concept probably to come on the scene in over a decade is that of normalization, and I certainly see this bill as adding to the normalization potential for all the handicapped. This concept means, quite simply, that the handicapped should be as much a part of the mainstream of society as their particular abilities and disabilities would permit. But it has had a real impact on design of programs and on the concept of design of facilities and a whole host of other activities that relate to service delivery.

Community services is certainly one of our main concerns here in South Carolina, as I know it is around the country. We've had new terms crop up in this area in the past few years—day care, halfway houses, group homes. Mandatory education is a new concept in itself, and other similar concepts that represent alternatives to residential placement are of concern in this State, and I know, from our contacts around the country, the concern in every State now is to look to alternatives to residential placement where this is appropriate. I emphasize "where it is appropriate," because there are individuals, of course, that need long-term care, 24-hour service such as provided by the resident facility. But even where residence care is required, it's changing in nature, it's changing in philosophy and concept to the thinking of the normalization principle.

In this State and elsewhere, we're concerned about deinstitutionalization. We're concerned about heading people off from residential placement where this can be done realistically. We're concerned about reversing the trend in admissions that has led to seemingly endless bed construction and facilities, and we're concerned about moving people out of institutions into the appropriate community services, if—and this can be underlined many times—if there are appropriate local resources such as education, and I do consider education to be the No. 1 resource that has led to inappropriate placement of people in institutions and, second, the inappropriate retention of individuals in institutions.

In attempting to provide educational resources to individuals where these services were not available in communities, we frequently found ourselves in the somewhat ironic position of taking charge of the whole individual in order to provide this single service. So, therefore, any effort, any legislation, any human attempt that can be made to develop these programs in the community will assist in accomplishing these many goals.

I was impressed—and certainly agree—with your earlier comments that our actions lag behind our concepts. The gap between what we're doing and what we know how to do is seemingly increasing, particularly in services to people.

I have used from time to time, in presentations, the concept that our generation is the one which saw the collapse of time. And if we look back through history we'll see that in a period of just about 10 years we went from the A-bomb to the H-bomb, from piston-driven aircraft to Moon exploration. I know that all of us have our thoughts and prayers with this operation that starts today, the launch of Skylab, and the manlift tomorrow. And I'm interested that there will be children watching that launch who should be in school, and this makes one wonder about our priorities. If we can indeed launch laboratories in the sky at the expense of millions and millions of dollars—I'm not saying that we should not do this, but I'm simply saying that one wonders what these dollars and what this amount of effort would have accomplished or will accomplish when it is applied to human services in the area of education.

But we live in a time when the rocking chair approach to the solution of our social problems, I think, must end. The waiting list in our State is a tragedy, as it is in many, many States. We have a waiting list of some 600 people who are looking for placement in residential service programs. Again, the humane and economic considerations of this situation has tremendously widespread impact. Our general assembly has been very alert—Senator Waddell, Senator Dennis, and others in the House—in attending to this problem, in coming up with resources this year in an effort to make a very substantial impact on this situation.

And yet one—particularly an administrator, such as myself—finds himself in a very paradoxical situation, because knowing that we have people in institutions who do not need to be there and who, if removed from these facilities, would free up places for others who could be there, and at the same time doing planning for the continuous development of institutional beds, gives me pause for concern. I say again that any effort such as Senate bill 6 which will help up speed up this process, help give even if only temporary support to States to fully assume their responsibility in providing education to the handicapped, that this will be certainly something that we would look forward to.

I see in this bill and in our efforts some opportunities for agencies such as ours to have a very productive, cooperative relationship to other leadership agencies in the area of education, such as our South

Carolina Department of Education. We have some very unique problems in this State that stem from a rural orientation or rural characterization in many cases. We have some very severe problems in the area of transportation. We have some very unique housing needs. I see one particular opportunity that we have, for the Department of Mental Retardation to provide housing in conjunction with programing efforts by the South Carolina Department of Education so that, for example, we might have individuals who would live 5 days in a special housing situation, receiving special training, and then return to their rural-based residences on weekends.

So I commend the authors of this bill and you particularly, Senator Williams, for the leadership in bringing this bill to the public and to the Congress of the United States. Our department certainly stands ready to be of all possible assistance in seeking its support, and if we can provide any particular data or particular information that would be helpful to you, we certainly stand ready to do that.

I want to echo what my colleagues here have said. I think the individualized plan aspect of this bill has a great deal to offer, and I'm particularly pleased to see that parents have been included in this effort, because I think far too often in the past all of our professional service systems have not involved the parents in the planning and implementation process. So we see not only the opportunity here for a partnership in funding, but a partnership in service.

I particularly would urge your consideration of some seed money in the bill that would permit a series of workshops for educational administrators around the country. I think the implication that dollars alone will accomplish all of our goals, even though this bill goes much beyond dollars, has some problems in it. We find, in looking not just in South Carolina but around the Nation, that many times it's not the absence of dollars which has precluded these programs going forward, but it's misunderstanding, misinformation, or lack of information in many cases, on the part of educational administrators, and I think that some seed money that would allow a series of special workshops within a State—in our case, under the sponsorship of the Department of Education—might prove very useful.

Thank you, and I'll be glad to answer any questions.

Senator WILLIAMS. Thank you very much, Commissioner Barnett. Let me tell you that you've all presented a goldmine of information and experience and wisdom here. With gold at $100 an ounce, that's high praise. So it's hard to know where to begin efficiently here, to enter a discussion with you and to do it within our time frame. Time has not completely collapsed, Commissioner.

On the last point, and I think Senator Waddell can contribute here, too, on this seed money for educational—how did you say it, educational training for the educators, could you amplify exactly what your feeling is in this regard? Then I want to see what we are doing in this area now as a Federal contribution to the education of the professionals who work with people who live with handicaps.

Dr. BARNETT. Senator, I believe my thoughts on this topic were along the line that within a State very frequently there is a need for the lead agency in education—in this case, our Department of Education—to have funds that could bring together on a periodic basis the leadership of independent school districts, to address themselves to current issues and models of service that have proven useful around the country. This is not a one-time thing. This is something, I think, that needs to happen on an ongoing basis. I know that we do have, I'm sure, workshops of various kinds for these personnel, but I believe as a part of this bill it could really give some of the impetus and thrust that perhaps has been lacking in this area in the past.

Senator **Williams**. This is approached in present law. Is that right, Roy?

Mr. **Millenson**. Yes, sir.

Senator **Williams**. That's what section 503 addresses itself to. I wonder whether, No. 1, it's working well, and I also make the observation that it's recommended this be discontinued by the administration. Is that right?

Mr. **Millenson**. Yes, sir.

Senator **Williams**. This would be one of the fold-ins of special revenue sharing. But we have a problem here. The idea is more than sound. It seems almost essential. Where experience is found to be worthwhile, it should be disseminated. And isn't this part of what you're talking about?

Dr. **Barnett**. Very definitely. Let me add, too, that I don't propose to speak here for the Department of Education. They may well have some strategies here that are not known to me. But I see this added funding mechanism as giving a real point of impetus to program development, but if the leadership is not ready to move out with the latest concepts and approaches, then I think that you have all the horses at the gate, ready to move, and the coachman is not ready to drive.

Senator **Williams**. I wonder if Senator Waddell could get into the discussion at this point? As we approached the chamber from his office, he mentioned something that is in development here. Doesn't it fit in right here?

Mr. **Waddell**. I think so. I think there are two things I'd like to mention. I'd like to mention that Dr. Gene Hensley is sitting in the back to the hall, who's the coordinator of the Education Commission of the State Task Force on the Education of the Handicapped. And this same concept, Senator, has been done on a regional basis by the U.S. Department of Education. The only problem is that the funding comes at the wrong time. It comes at the time when school's already started and when the legislature is already in session, so we've had to delay this year. Our whole emphasis has been to do on a regional basis, Doctor, what you were talking about; and I think that what Senator Williams was referring to when he questioned me very closely in Washington. We were very successful this time in the Senate Finance Committee to get seed money to institute, throughout educational TV, some special programs for the handicapped and the training of personnel. Now, Doctor, you might elaborate here. What we're doing is putting Whitten Village with a closed circuit, where we use it to train the mentally retarded, and also to work with your Department in developing new techniques to work with these particular youngsters that have been discussed, such as cassettes where you can play teach them to brush their teeth over and over, where repeat comes in. It's not nearly the amount of money or magnitude, but I think that you have some experience at Whitten Village where we have used this process or this teaching tool to train personnel, and I think Senator Williams would like to hear about that.

Dr. BARNETT. You said it so well I'm not sure I can add much to it. I think the project, Senator Waddell, that you mentioned is a little different than the main thrust of my comments about the need for some broad-based educational program for school administrators; let me pursue that just a minute, and then I'll come back to your question. But I am impressed over the last number of years where we have benefited tremendously from various Federal projects and programs, and I speak particularly in the area of mental retardation, hospital improvement projects, inservice training projects for staff, et cetera, et cetera.

One of the characteristic shortcomings of these programs is the lack of a built-in mechanism to communicate findings—not only finalized kinds of things, but interim progress. Just knowing what North Carolina is doing, for example, in the area of hospital improvement sometimes has been difficult to come up with except on a personal basis. We have friends and others who are in this business. But I'm saying that it seems to me there should be somewhere—I'm sure there are—models of service delivery and education of the handicapped, and I'm talking about specialized programs—the deaf, the blind, retarded, and so on—that could be pulled together through some mechanism and made available to leadership personnel across all of the States. It's this sharing across the region, certainly, and between regions that I think is vitally important.

Senator Waddell is also alluding to a very effective relationship that we have had with the educational television network of South Carolina, which is indeed one of the finest in the Nation, and we've been very fortunate to have their interest in the area of mental retardation. This had led to a number of special relationships in terms of production of educational and training types of media for the public, for specialized professional groups, and so on. But Senator Waddell is referring to the fact that just recently the Senate has introduced into the appropriation bill an item of money that would allow us to pursue, on a broadened basis, the education of both residents and staff within our institutional programs, and we think this is a real step forward and we are very appreciative of the Senate's action here, and we're certainly very appreciative of the relationship that we do have with educational television in South Carolina.

Senator WILLIAMS. Well, on that point, there is some hope that there will be some support at the Federal level, isn't there?

Mr. WADDELL. I hope so.

INSTITUTIONAL COSTS V. COMMUNITY SERVICES

Senator WILLIAMS. Now here's another question that all of you can comment on, I think. You mentioned something that triggered this in my mind. You talked about the evaluation—a method of evaluating effort and suggested the analysis of the cost and the benefit of governmental effort. You mentioned Skylab. Today is Skylab launch-day, isn't it? And we know, of course, the amount of money that's going into that project. We know what went into the Moon program and its exploration. On this cost-benefit approach and the ratio, it is just overwhelming to me that this has not inspired greater attention to what we are talking about here today. Now, what is the cost of full lifetime residence, Dr. Fleetwood, at Partlow?

Dr. Fleetwood. This will be a guess off the top of the head. I'm sorry I don't have the exact figures. Do you have a figure for this, Dr. Barnett?

Dr. Barnett. If I may comment on South Carolina, Senator, this year, on the average, across all of our institutions, we are spending $3,800 per child per year, and this is one of the lowest per diems certainly in the Southeast. But this still means that—and we, by the way, are seeing some very nice increases coming from the General Assembly, recommended for next year—but this means at a very minimum that if a young child is placed in an institution and stays there for the remainder of his life—and excluding all the humane considerations about it; we sometimes talk about the dollars and leave out the family and the child and community and so on—but excluding that, knowing those are important facets, we're talking about a minimum investment in just services of $200,000 per child. Now, if we convert this to a waiting list of about 600, which we have, then I think you can see that for every fifth child we're talking about somewhere around $1 million in the lifetime of these individuals, or well over $100 million just in services, and this is exclusive of the cost of bricks and mortar, which is not insignificant nowadays, either. So this is a very significant input.

Senator Williams. Well, I get the impression that in these institutional residences there are so many people that are there that, if services reached them at an earlier age, would never have to be there. Am I right on that?

Dr. Fleetwood. This is correct. And at much less cost to us.

Senator Williams. That is just the question of the cost of care. Now you take the next dimension of reaching an individual who doesn't have to be in residence for the rest of his life, if he is reached early with the special attention that is needed, and that individual becomes a productive member of society, then you go from a minus cost to a plus contributor. Is this overly simple in its statement?

Dr. Fleetwood. No, very definitely not. And I think the significant thing with reference to Partlow at this time, and other institutions who may be so charged by court orders, is that this yearly cost, of course, is going up. There's this indication I gave of the budget almost doubling, or a little better than doubling, in a couple of years' time, and not serving any more residents, you see, but just improving the services in an effort to get some of these back into the community. So here again with the $150,000 or $200,000 cost for life at the higher level of expenditure, how much more, as you indicate, this would be. But yet I personally think that the majority of the residents—at least two-thirds of the residents who are at Partlow at this time—could have been at least partially independent in the community had we gotten to them earlier. They are so institutionalized at this point, I don't know how long it's going to take or what it's going to take to make it possible for them to function adequately.

NEED FOR EARLY CARE

Senator **WILLIAMS.** How could we get on the right track here? Where would we start to understand a youngster's needs? At age kindergarten level, or earlier? Who makes the evaluation, and who decides what early effort is appropriate for that child? How is that done now?

Dr. **FLEETWOOD.** Well, of course, I'm most impressed with some of the early childhood education for the handicapped programs that are operating right now. I don't know whether any of them have been in operation long enough to have been adequately evaluated yet, but I trust that we will learn a great deal from these programs, funded by your education for the handicapped bill, in some cases beginning as early as 18 months, with the hearing impaired. Hopefully no later than this with the hearing impaired. In many cases, age 3, but certainly before what we think of as kindergarten age.

Senator **WILLIAMS.** Now, we've had some testimony that an evaluation should be made, a professional understanding of a youngster, right down to date of birth.

Dr. **FLEETWOOD.** Right; in the delivery room.

Senator **WILLIAMS.** They call it zero age.

Dr. **FLEETWOOD.** Right.

Dr. **BARNETT.** Senator, if I may comment on this same point, one of the benefits of day care services, as we have launched out into the past couple of years in South Carolina, has been the preparation of children at a very early age for entry into special education programs at about age 6 or 7. Very frequently if these services aren't provided, when the child reaches school age he is untoilet trained or lacks the basic skills and therefore is not acceptable in the public schools. I can cite one specific example in Greenville, where we had 29 children, as I recall, who had been previously excluded from the public school, who after a period in the day care program for about a year, were then found to be acceptable and moved on into the special education track. Now, this age business is very critical, and the idea of evaluation, I think, is also very critical, because those children that you identify during the preschool years are going to be what many of us think of as a seeable handicapped child. I tend to talk in terms of retarded, and I realize we're talking in a broader sense here. But these seeable retarded children will be the ones who end up in residential programs unless there is this intervention, and I think particularly it's with this group that cost-benefit analysis proves very favorable in analyzing the impact on the family, the lack of frustration, and all the problems that parents have in seeking services and ofttimes not finding these services. So I point to the very definite need for very early intervention, at the earliest possible time, and, of course, you do need, during this entire period of preschool and even in the elementary school years, periodic evaluation, because the child will change. His assets change, and certainly his potential will change.

Senator **WILLIAMS.** Dr. Hurley, do you want to comment on that?

Dr. **HURLEY.** Yes, I'd like to comment on a couple of aspects of that and ditto what's already been said. I've been involved with early childhood projects across the country, and I think we have the expertise in the Nation for working with children who are the young, severely handicapped individuals. In terms of evaluation, I think techniques have been developed through these projects that have been funded through the Bureau of Education for the Handicapped. The research that we have seems to project just what Dr. Barnett has already said; that is, that if we don't get them early, we're going to lose them. We have to get them early. Your bill, as I read it, went down to age 3. I'd like to see it go down to zero, myself, but that may not be feasible. But the earlier we can see them and work with them, the better we can help to alleviate some of their problems later on.

Senator WILLIAMS. I wonder if I could understand a little more of your work and the university's work in your department. You're professor of mental retardation?

Dr. HURLEY. That's correct.

Senator WILLIAMS. Now, could you explain what the basic approach is, in your part of the whole educational process? What are you trying to do in reaching your students, who are going to be the teachers of others?

Dr. HURLEY. What I try to do is to convey a couple of things. One is a knowledge, to give them some knowledge about what mental retardation is, what children look like who are mentally retarded, what kind of characteristics and behaviors they portray. The other thing that I try to convey to them is a concern or an attitude towards the youngsters, as human beings, as individuals, and hopefully when they are teaching they will be concerned that there's learning occurring and that they will define their teaching in terms of how much youngsters have learned, rather than how much they have taught. These are two very basic things that I try to do. Essentially, I'm a teacher trainer right now, and that's my job.

Senator WILLIAMS. Are you in the Department of Sociology?

Dr. HURLEY. We're in the Division for Exceptional Children. The training program in mental retardation is one of several within the division. We also train teachers to work with the emotionally disturbed, with children with learning disabilities, with the deaf, and with children with speech problems, as well as with children with motor handicaps. We have a fairly large department.

Senator WILLIAMS. I see. How many students are there in attendance now in this Division of Education at the University of Georgia?

Dr. HURLEY. I would guess that within mental retardation alone we have about 300 students, or more; so within the entire division I would estimate 5 to 600 students at the undergraduate level.

Senator WILLIAMS. Does this represent a new educational population, pretty much, for the University of Georgia?

Dr. HURLEY. Yes. We've had a very large influx of students in the last 2 years.

Senator WILLIAMS. Do you know whether this is the experience in other States, in other universities in the country?

Dr. HURLEY. I don't know.

Senator WILLIAMS. Do you know, Dr. Fleetwood?

Dr. FLEETWOOD. With reference to one relatively small one, Troy State University, this was not the case. These students were—the largest majority—absorbed from other areas, had originally planned to major in some other area, and then once the special ed program was set up, chose to change their majors. This is what we found at one university. I guess it would be both. I know I, myself, went to the

University of Alabama for graduate study because of special education. It was not a matter of being there, you see. So I guess it would be pretty much divided throughout the country; in some cases the students are absorbed from other areas, and in other cases they are new students.

Senator WILLIAMS. Well, in part. I'm only developing this because we have great hope that this bill before us will become law, and money isn't the answer, but this is money.

Dr. FLEETWOOD. That's right.

Senator WILLIAMS. The real answer is whether the money is going to be effectively used, and it will never be effectively used unless there are an awful lot of graduates of schools just like the division that Dr. Hurley is talking about. I just want to see whether we're not offering more promise here—assuming that it becomes law and is funded—than is real, for now, or whether we're coming on with the professional people of the proper motivation that can make it work. That's what I'm trying to establish.

Dr. FLEETWOOD. I think it would be the impetus to continued growth of the area—that is, with more majors, in other words, within the area.

Senator WILLIAMS. It's very similar to a national health insurance program of a guaranteed insurance policy and money for complete medical care in which we do not have the doctors to deliver the care. Senator Waddell?

Mr. WADDELL. Let me ask Dr. Hurley, a question, as an educator. I feel the same as Senator Williams. My understanding is that we have reached the peak in our, shall we say, child crop and that the average teacher—when I say average, I'm using the wrong terminology, but a secondary or a primary teacher—we're getting a surplus in certain areas in the country. Has your Department of Education given any thought to retraining these valuable teachers that are suddenly finding a scarcity of jobs? In other words, for example, this is a rural State. We have some teachers that live in small towns and have been teaching there maybe 10 years. They have connections; their husbands work there. I would have a very difficult time—or the State department of education or the superintendent of education would have a very difficult time to get a master teacher to move to, say, Hardeeville, with a population of 2,500. That's in my district, so I can speak about it. But there might be a classroom teacher in the Hardeeville area, due to the outmigration of population or the decrease in schoolchildren, that would, with some retraining, like we do in tech ed—for example, we've taken many, many people that worked in the textile industry and have converted them to chemical workers, to metalworkers. Now, maybe I'm oversimplifying the thing, but has there been anything done as an outreach program to go and, let's say, retrain this person that's had the valuable classroom experience, knows the fundamentals of teaching, but maybe needs that little extra that we could put into a special education class in a small rural community?

Dr. HURLEY. I think that is an important point. At the University of Georgia we reach these people in two ways. We have about 200 summer school students who are in a program of certification. For the most part these are already certified teachers in other areas. They come during the summer; they get basic certification and then continue to get a degree, if that's what they want. The other way that we do this is through regional centers where courses and course work and workshops are offered; they are part of the inservice training component, through the regional centers and also through the continuing education center that's on campus. We teach those courses, and they're handled through the department. So we think we're reaching those who want to be retrained, and we have the capability for doing it.

Mr. **Waddell.** One more question, Senator, if you'd indulge me.

Senator **Williams.** Surely.

Mr. **Waddell.** If we continue to move on the high educational level, producing master teachers at the rate we're now moving, and we have a mandate to educate all of these children, do you think, Dr. Hurley, that in Georgia you'll be able to meet the supply if, let's say, within 4 years we mandate that every child shall receive a proper education?

Dr. **Hurley.** I think we should be able to.

Mr. **Waddell.** I didn't ask that question. I agree with you.

Dr. **Hurley.** The reason why I say it that way is because the University of Georgia is not the only college or university training teachers, and with all of them together I think we should be able to produce the teachers we need, together with the in-service retraining that is being carried out.

Mr. **Waddell.** One other question. Do you have any paraprofessional personnel training, say, to work with trainable retardeds under a master teacher? Has any thought been given to this?

Dr. **Hurley.** Statewide, yes; at the University of Georgia, not to my knowledge.

Mr. **Waddell.** Thank you.

Senator **Williams.** Finally, and I regret that it has to be finally, because we're getting so much from this panel with this discussion and your testimony—Dr. Hurley first mentioned, and I'd like others to comment, too, if you would, that blacks and other minorities are overrepresented in the mentally retarded population. I wonder, is that a common finding with the other members?

Dr. **Fleetwood.** I'd like to respond to that, because it's a concern that I was very much aware of when I was in southeast Alabama. I certainly don't think it's limited to southeast Alabama. I was involved awhile at Troy State University in a special project of training teachers with Developmental Disabilities Services Act moneys, through the Department of Mental Health, and the purpose of this was to bring in teachers of special classes who had had little or no special education. Through this we became painfully aware not only of the students in the classroom situation, but of the teacher situation. Apparently in so many cases—not all, fortunately—but in so many cases the teacher of a special class is the one who has outlived any usefulness she may have ever had in a regular class, and this is a tragedy. And, as Dr. Hurley indicated, in too many cases the children have been apparently inappropriately diagnosed, or either too hurriedly administered Stanford-Binet or WISC, I don't know, and have come up with a score, you know, as though this is some magic score that says he is automatically retarded. And I was much concerned with what seemed to me an unduly large number of black children in special classes, who I do not feel are actually retarded—perhaps deprived in language, or with differences in language, so that they could not pass the test.

Senator **WILLIAMS.** Do you have any comment on that, Commissioner Barnett?

Dr. **BARNETT.** I'd like to comment on this. My wife is a master's degree special education teacher, and she's not one that flunked out of the regular classes. She went into special education by choice, not chance. I think this is true of the vast majority of teachers in this field. There's not much to reward a special education person in today's classroom unless she has a real dedication to the problem. But my wife works in a setting here in Columbia, in the middle school setting, which has 1,600 children and for which there are two really what we call now resource room teachers. I think this is a real step forward, the idea that the handicapped should be a part of the regular classroom to the extent that their capacities will allow this, and that the self-contained classroom is on the way out, I think, except for the most severely involved individuals, with the integrated classrooms and the idea of resource teachers who can assist these children in special areas. But I see a very great tendency on the part of administrators to not only find it very convenient many times to place the problem learner in a special class or in a category mental retardation or whatever it happens to be, but I see some great problems in what I would call the ordinary child's education, that any child who does not move very smoothly through the process that I see in education finds himself in some real difficulty.

We talk about getting away from categorical concepts, labeling, and these sorts of things, but we're still at it, and I've spent many hours in testing personally, and I've been guilty of this, I'm sure. I think that the black child and minority group child, Latin-American in certain parts of the country, or Chinese, or whatever it happens to be, I think does end up inordinately, as far as proportions, in special classes because, one, his parent is not able to speak out, doesn't know how to speak out sometimes, to raise questions about the services provided, and, two, it's very convenient sometimes to hold this critter up to the light—and I use that word kindly—and see IQ 69, which places him in, let's say, the educable MR category. So labeling and the diagnostic process can be used to exclude people from services, just as it can be used to include people in services. There are some real problems here that don't seem to be too close to resolution.

Senator **WILLIAMS.** Well, that was the final question, if you had seen that there is overrepresentation of this minority in this category and what accounts for it. You've given your description of one of the reasons why this is true. Dr. Hurley, do you have a comment on that?

Dr. **HURLEY.** I gave a speech on this topic about 2 years ago. Yes.

Senator **WILLIAMS.** Do you have a copy of it?

Dr. **HURLEY.** Yes, I do.

Senator **WILLIAMS.** Well, then, we can have that, can we, for our record? For our education, or for the record, either way.

[The information referred to with attachments follows:]

Special Education in the Inner City: The Social Implications of Placement*

Oliver L. Hurley

Yeshiva University

The social implications of the placement of inner city youth in classes for the mildly and borderline retarded! I tried various approaches to this topic. I liked none of them. After much dissatisfaction, I came to the realization that for me, a Black person, this issue cannot be approached objectively and dispassionately. There is both subjectivity and passion in my response, in my thinking concerning this issue. Therefore, if to be scholarly means to speak in the third person and in the passive voice, this will not be a scholarly paper. It will, however, be an honest paper. Hopefully, it will suggest some alternatives and some priorities. This paper may be "underdocumented" for some of you. Let me assure you that the documentation of experience is no less valid than the documentation of published literature. I have just concluded a two year stint as the president of a local chapter of a national civil rights organization. For two years I led the fight for desegregated and better education in my tiny town. I witnessed the pathological responses of the white majority. I have been libeled, slandered, and calumniated; an object of hate--blind, unreasoning hate born out of the blind, unreasoning fears of blind, unreasoning prejudice. I have seen a once-proud school system reduced to a shambles. I have seen a town polarized. All this because of the social implications of placement of children. I am totally unable, therefore, to divorce the question of labeling and placement of the educable mentally retarded (EMR) from the larger questions of society's prejudices and discrimination, racial and economic. This is the Black experience.

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* From the "Placement of Children in Special Classes for the Retarded: Background Position Papers". March 7-10, 1971, Lake Arrowhead, California. Sponsored by The President's Committee on Mental Retardation, Bureau of Education for the Handicapped, Council for Exceptional Children.

John Johnson (1969) and Rodger Hurley (1968) have already stated the case eloquently. Let me, with them, say that special education has become the tool of society's efforts to maintain a surplus population. Its labels are glib; they are neat; they are made to order for the purpose of institutionalizing racial, class, and economic prejudices. This paper will address itself to the subtleties of such prejudices which special education helps to maintain through its labeling and placement procedures. It should be remembered that the target populations are the minority group and poor children being placed in classes for the EMR, with a special emphasis on the inner city.

Prejudice

One of the most complete discussions of prejudice is contained in Gordon W. Allport's The Nature of Prejudice (1958). Allport tells us that there are two essential ingredients of prejudice: (a) there is hostility and rejection; and (b) the basis for the rejection is categorical. This last ingredient (categorization) isthe crux of the problem. In this special education helps by whittling the population down. In so doing, it gives credence to and statistics for the failure of the rest of the population, thereby helping the system avoid its responsibilities to them.

Theories of intelligence tell us that categorization is a higher order mental process. Spearman's "g" is defined as the ability to educe relationships and correlates, a process of categorization. Theorists from Coghill to Piaget identify this process as a complex mental process, and our tests and textbooks reflect this emphasis. (See Deese, 1958 and Mays, 1966) Why should such a high order process produce such a low-order result? Generalization not accompanied by adequate discriminatory responses is a lower order process. The two must occur together. In a prejudiced person they do not.

Allport (1958, pp. 19-21) indicates that the process of categorization, and its accompanying prejudgment, is not only normal but necessary for "orderly living." It has five important characteristics: (a) "It forms large classes and clusters for guiding our daily adjustments;" (b)"categorization assimilates as much as it can to the cluster;" (c) "the category enables us quickly to identify a related object;" (d) "the category saturates all that it contains with the same ideational and emotional flavor;" (e) "categories may be more or less rational." Labeling follows hard on the heels of the clustering process. This is a good, and a necessary, process if we are to make sense out of our environment, if we are not to be overwhelmed by minor and insignificant differences among members of a class. However, labeling assumes a negative aspect when it results from or causes an overcategorization which is not reversible in the light of new evidence. Such overcategorization is characterized by the assimilation of too much to the cluster, by the oversaturation of the class members with the ideational and emotional flavor, by attributing to the cluster characteristics tangential to it or shared by only a few. As Allport points out, overcategorization becomes prejudice when the category is so rigid that new knowledge fails to modify it. Even though exceptions are noted and admitted, they fail to affect the core of the generalization; in fact, the admitting of exceptions aids in the preservation of false generalization. In addition, if the members of the cluster have a readily identifiable trait, so much the better. Trait visibility is important to the overgeneralization. "Even a fragment of visibility...focuses people's minds on the possibility that everything may be related to this fragment." (Allport, 1958, p.107) Thus, for the Black and Brown man, it is his skin color (Griffin, 1963); for the poor, the accoutrements of poverty (Bagdikian, 1964); for the mentally retarded, any physical difference will do. These easily seen characteristics are sharpened and exaggerated, exeggerated to the point that the individuality of the members of the class is lost.

Because it is easy, we think of the members of the category as being homogeneous to such a degree that often exceptions to our stereotype surprise and astonish us. How often has been heard such statements as, "They say she's mentally retarded...but she's so pretty." "What do you expect? He comes from a broken home." How often has the cerebral palsied genius been discriminated against and denied the opportunity to complete an education? How often have school principals been surprised to find out that I am the professor and not the student-teacher?

Labels are a normal means of ordering our world into manageable chunks. They can have positive, neutral, or negative flavors attached to them. They can become a shorthand for our prejudices and stereotypes due to overinclusion or exaggeration of visible characteristics which may or may not be important in a given situation. Labels serve to identify the outgroup and distinguish it from the ingroup (hence, the importance of visible differences). More importantly, labels serve to prescribe our physical, psychological, and cognitive responses to the outgroup. Thus, the prejudiced teacher fails to teach even the exceptionally bright black child. It is well-known (a stereotype, perhaps?), and often discussed in the Black community, that many young middle-class white female teachers fear Black children, no matter their age, no matter their socioeconomic status, no matter their desire to learn or their ebullience or their lovability. This results in poor management, poor teaching, and creative rationalizations. The response to class after class becomes routinized and institutionalized. In other words, the response to the label becomes institutionalized. The children lose whatever spontaneity and desire for learning they may have had. This is a constant source of anger to many of us--so much so that we, parents, are afraid to send our bright, curious five-year-olds to public schools. The dulling process is too pervasive, too insidious, and too devastating (Decker, 1970; Hickerson, 1966; Kohl, 1967).

The labeling/placement process used in special education, I submit, is an institutionalized extension of society's discriminatory responses to an outgroup, the Black and Brown minorities and the poor.

Placement

Placement is a natural outcome of the labeling of people. For example, society has forced the vast majority of the people of color--Black, Mexican-Americans, Puerto Rican, Indian--to reside in ghettos, a form of placement. It has kept them impoverished through unemployment and underemployment (another more subtle form of placement). (In fact, sociologists tell us that our economy demands a "surplus population" which includes not only the people of color but also large numbers of poor, slum-dwelling whites (Farber, 1968)). Following this enforced ghettoization, society has then used the fact of ghetto residence, or of poverty, to rationalize its other institutionalized procedures.

Hurley's (1968, pp. 14-17) description of the meaning of poverty in the United States is precise. He concludes, "Life in poverty is similar in many ways for both white and black and its end result is exactly the same--exclusion from an environment in which proper development can take place."(p. 17) Good schools and teachers are part of the environment from which they have been systematically excluded.

Public Education's Role

Both Hurley (1968) and Johnson (1969) see the educational system as the perpetuator and perpetrator of class bias. Johnson says:

> "One can conclude that public education bears a large share of the responsibility for the miserable condition of the Black, inner city resident. There are two pathologically symbiotic reasons for the conclusion, one having to do with the overall values of education in America and the other having to do with education for Blacks." (p.243)

Johnson then goes on to fully discuss these two reasons. He charges the schools with failure to transmit concepts of human dignity, brotherhood, equality and democracy, thereby producing a value ethic which perpetuates a system which allows bigotry, racism, and exploitation to go unchallenged, unchecked, and often rewarded. He scores the schools' "feckless foistering of programs upon entire populations without so much as a cursory consideration of their culture, values and heritage...which (fail to) make social, educational and economic opportunity a reality..., a set of panaceas...which represent a commitment to system maintenance rather than to the clientele the system purports to serve." (pp. 243-244) When these patchwork programs fail, he points out, the school can label the child as deviant in some way, opening the way for blaming the children rather than the system and its many false assumptions. (This is a subtle mechanism in widespread use in many contexts today. For example, in many communities vocal advocates of sex education are denounced as "Communists", thus avoiding the real issue.) Johnson goes on to point out what many inner city parents (and youngster, I might add) are already saying among themselves. Inner city schools have failed their clientele, and when they fail, the schools use special education to divert attention from their failure. Special Education has aided the process by "operationalizing bigotry, discrimination, and segregation,"(p. 245) and has provided the system with a means for escaping its responsibility. It helps by verifying prejudicial prejudgments of deviancy.

Hurley (1968) points out essentially the same thing. He approaches the issue from the viewpoint of the poor. He states that professional attitudes towards poverty combined with a distorted emphasis on heredity have contributed to the perpetuation of the poverty cycle; that educators share in this; that "the effect of medical domination of the field has been to insure that the bulk of past research on mental retardation is unrelated to the needs of the great majority of the mentally retarded;" (p. 10) that "the general attitude of our society, as expressed either consciously or unconsciously, is a weapon which brutalizes and defeats the poor" (p. 15); that the "impact on a human being of race prejudice alone, ignoring the added evil of poverty, is impossible to overestimate" (p. 16).

Grist for the Mill

The main impact, then, of placement in special education is that of providing grist for the mill of prejudice against different races, the poor, and/or both. By ignoring the assumptions on which tests and testing are based (Newland, 1963) special education has labeled an excessive number of inner city children as mentally retarded. (Dr. Albee will focus on this aspect of the question so it will not be discussed here.) This datum is then used, with or without conscious awareness, to reinforce the prevalent attitudes which say that to be Black is to be inferior, to be poor is to be inferior, etc. Yet, the fact is ignored that the vast preponderance of these youngsters, labeled EMR and placed in special classes, exhibit no maladaptive behavior outside of school in relation to the life of their neighborhood. I challenge anyone to pick out these special class youngsters from among a group of their neighborhood peers at the local community center. The ignoring of this adaptive behavior dimension has been encouraged by sociologists such as Glazer and Moynihan (1963) who conclude, "The Negro is only an American and nothing else. He has no values and culture to guard and protect." (p. 51) What tommyrot! Yet, this a prevailing view among intellectuals who study the Black experience from the outside. These intellectuals will listen to Moynihan and ignore such sociologists as Billingsley (1968) who writes,

> "Such scientists who have recently discovered the Negro family have not yet produced a study of that 75 per cent of Negro families who have stable marriages, or that half of Negro families who have managed to pull themselves into the middle class, or that 90 per cent of all Negro families who are self-supporting, or that even larger portion who manage to keep out of trouble, often despite the grossest kinds of discrimination and provocation. It would be very instructive indeed to know how two-thirds of all Negro families with less than $2000 annual income in 1966 could manage to hold themselves together and meet the American test of family stability. For surely that is the statistic which needs explaining, rather than the minority of poor families where the man disappears in order to let the family survive economically. In addition, some understanding of how this majority of Negro families manages can help provide clues for the rehabilitation of other families, and at the same time can enlighten the society about the problems these Negro families still face." (p. 206)

Until this positive approach become the rule rather than the exception; until we stop gleaning our knowledge of the socially disadvantaged from literature on juvenile delinquency (Gordon, 1969, p. 15), minority-group children will continue to be undereducated at best, damaged psychologically, intellectually,,and socially at worst.

Stigma

If one denies that a culture, a set of values a heritage, exist within a group of people, it is relatively easy to classify children solely on school performance and to attach labels to them which carry a great deal of stigma and implications for out-of-school behavior. This stigma is what the individual child must daily deal with, in addition to the stigma of being Black, or Brown, and/or poor.

Thanks to the dominance of the field of mental retardation by the medical profession, and the more recent public relations efforts to enlist the public in the fight against mental retardation, the public image of mental retardation is not the realistic one. The emphasis in the medical literature, in films, on television, and on posters has been, and still is, on the minority of severely retarded and, most especially, on the Down's Syndrome child. Thus, the popular conception of a retardate is a child that looks different and acts differently.

Thus, even though the individual child may admit to school learning problems, he will fight tooth-and-nail against being called mentally retarded. He will resist placement in a class where there is even one child who is physically different. He will expend so much effort resisting this placement that he may have little energy left for learning. After all, he knows that on the street he is as smart or smarter than other children still in the regular classes. He knows that he is no different than any other boy at the community center. He may even read better and "figure" better than some of them. He doesn't need another label. He has already been labelled and victimized by the illusion of white superiority (Billingsley, 1968, p. 155ff.) We parents know our children do not need another label, another strike against them, especially when the adaptive behavior dimension is opposed to the diagnosis. We have seen what the dulling process called education can do to our children.

The Process

The process occurs anywhere there are minority group children to be educated. I have personally seen it operate, not in the inner city but in a totally middle class Black community where 90% of them owned their own homes; middle class in the usual american sense of the term. If it happens in such a community, how much more likely is it to happen in the inner city where the poor are so highly represented.

The process begins when the inquisitive, curious, anxious to learn, anxious to please (i.e., normal) Black five-year-old enters school. During the ensuing years he is confronted by teachers who do not teach, by teachers who do not care whether he learns, by teachers who are usually the poorest in the system, by teachers who don't particularly like him or respect him. By the time he gets to high school he is so far behind his white peers, he stands little chance of achieving anywhere near his potential. A student suddenly get C's and D's. Proportionately none of the children from his (i.e., the all-Black) school make the honor roll; an excessive number of them drop out. What has happened? We have no doubt that the major reason is teacher failure. They, being part of the majority and sharing all of the attitudes and prejudices and resultant lower expectancies (prejudgments), fail to set the cognitive table with the intellectual food which children need to grow and develop. The children are never exposed to many concepts and ideas--concepts which every child at every other school has a chance to learn. The inner city child doesn't even get a chance to learn it (or fail to learn it). It is denied him because of the system's stereotyped prejudicial notions and its almost pathological need to verify them. Thus, the prophecy is fulfilled. Thus is ensured the filling of our special classes. The teachers can relax because everyone knows these children aren't so smart. She can blame the children rather than herself. She can use any and all of the excuses provided her by the language of the mental hygiene movement--broken homes, uninterested parents, welfare, etc. The process is a "people masher" with a big sieve at the bottom. More children are pushed through this sieve, disillusioned and turned-off, by turned-off teachers than we would care to admit. More children fail, not because of any inherent defects in their genes but rather because of defects in their teachers, and ultimately in a society which condones such a process. More of these failures become labeled mentally retarded or maladjusted or both, because the process works too well. Besides, why should a turned-off child perform for a psychologist? The success of the street academies attests that the schools' failure rest more within the institution itself than within the children. If the schools were doing even a halfway decent job with our children, the resistance to special education would not exist in the inner cities.

Status Quo

This, therefore, is the social implication of labeling and placement of children in special education: it has served to maintain the status quo. It has served to provide a rationalization for our failures as teachers of Black children, our failures as teachers of Brown children, our failures as teachers of Poor children. It has been a smokescreen behind which our prejudices and biases could remain unchallenged, even unrecognized. Even the learning disabilities movement has served as a mechanism for blaming the child rather than ourselves, his teachers, for his failure to learn. It has become another way of preserving the status quo, for the alternative is too painful. The alternative is to demand that teachers do the job they are hired to do; that they be held accountable for the products they turn out; that they teach.

Alternatives

How then do we tackle the problem of institutionalized racism and class prejudice in our schools? What do we do about realizing the potentials of children which are now being wasted and left untapped?

The most obvious, but, alas, too idealistic, answer is is to eliminate racial and class prejudice. Nevertheless, we can encourage the development of the concept of teacher accountability and its operationalization. (This is what community control is all about.) However, we must take pains to see that the standards are applied in similar fashion in all schools; that teachers too incompetent to teach the children of the majority are not allowed to teach the children of the minority.

I suspect that a sizeable proportion of those children who manage to "fail" our intelligence tests and get into our special classes for the EMR do so because of a linguistic difference or problem. I have presented some evidence for this view in earlier writing (Hurley, 1967) as do Bereiter and Englemann (1966). This doesn't mean that we should fall prey to the impulse to denigrate the language the children do use, an impulse often followed, as Hickerson (1966) reports. What this means is that we should encourage or contract both functional and structural analytic linguistic studies of the children in our special classes for the educable mentally retarded, not for the purpose of writing scholarly articles but for the purpose of learning how to teach the standard language to them most effectively and efficiently, while allowing for the parallel existence of a viable, valid language code. So many of our linguists have talked of language "differences" as if they were "deficiencies". This has resulted in a denial of the language which is part of the cultural heritage of the youngsters. It is obviously but one step from the denial of a group's culture, discussed earlier, to a denial of the validity of a concomitant linguistic system. What is not obvious is the resultant resistance of the youngsters to learn the language of the schools, once confronted with the negativism and thoughtless slurs of the authorities. (Hickerson, 1966, discusses this at greater length.)

Greatly needed is the operationalization of the term "adaptive behavior." We must find out what this means on the Lower East Side of New York, in Harlem, on the Tuscarora reservation, in Appalachia, in Bedford-Stuyvesant, in Albuquerque. Sociologists such as Edgerton (1967) and Billingsley (1968) need to be involved in this search for the meaning of those two words, "adaptive behavior." We have too long allowed our teachers to determine what is adaptive and what is not.

Additionally, society must recognize the relationships among health, nutrition, poverty, and intellectual functioning. "The competence of the organism as a learner appears to influenced by his history as an eater."(Birch, 1968, p. 591) Birch and Gussow (1970, pp. 140ff) discuss animal studies and human epidemiological and *in situ* studies which suggest further that the competence of an organism as a learner may be influenced by the history of its *mother* as an eater. In other words, the effects of malnutrition, sub-clinical malnutrition, and dietary deficiencies may reveal themselves across generations. Therefore, the elimination of hunger and dietary deficiency must be a high priority item. These two references also suggest that results may not reveal themselves until future generations. Such groups as the President's Committee on Mental Retardation must do all in their power to influence the society to understand this and to spend the funds necessary to eliminate this effect of poverty. Without the development of real, viable, strategies of action to combat hunger and malnutrition, few of our other strategies will be successful.

Lastly, the implementation of *all* of the recommendations contained in *The Six-Hour Retarded Child* (PCMR, 1969), the report of the Airlie House conference on the education of children in the inner city, would do much to help the situation.

I have not discussed the cessation of labeling of children except possibly for those with obvious organic involvement for this is the main subject of this conference. It clearly underlies much of what has been written.

Conclusion

Billingsley (1968, pp. 155-166) points out that the illusions of white superiority (racism) includes a number of sub-illusions "deeply engrained in the American collective unconscious...."(p. 156) These are the illusions of stability, of excellence, of wisdom, of morality, of normality, of beauty, of power. Unless these illusions are brought to the collective conscious and exorcised, the labeling and placement process will continue to imply the oppression of peoples and the maintenance of a surplus population. The implication of the implications of placement are profound and complex. Therefore, solutions cannot be simple. We're talking about social change, a substitution of human values for property values. This will be a long and agonizing process at best; but a necessary one. The multicultural world of the future demands it.

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PROJECT ON CLASSIFICATION OF EXCEPTIONAL CHILDREN:
PUBLIC SCHOOL SYSTEM TASK FORCE:
THE INTELLECTUALLY AND BEHAVIORALLY HANDICAPPED

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All institutions require some degree of adherence to certain norms established or evolved for that institution. Public Schools, as an institution, also demand some degree of conformity to certain norms in terms of rate and degree of learning, social behavior, and physical development insofar as it affects the first two. As any society must develop ways of caring for its deviants, so has the public school. One means has been the process of classification of children into categories now collectively called exceptional children and the differential placement of these children according to this classification. This paper will deal with those who are classified as mentally retarded (MR), learning disability (LD) or behaviorally disordered (BD), the process by which they acquire these labels, and some concerns about this process.

Definitions

Mentally Retarded. This label refers to those who have "subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior" (Heber, 1961) p. 499). Two parts of this definition require explanation. First, "Subaverage general intellectual functioning" means the child's performance on an individually administered test of intelligence, such as the Stanford-Binet Intelligence Scale or the Wechsler Scales. While Heber (1961) puts the cut-off score at 84 for the Binet and 85 for the Wechsler tests, most states set the point at 75 or 80. Second, "Impairment in adaptive behavior" refers to problems in maturation, learning, and social adjustment. Both of these impairments should exist before a child is called MR. As will be discussed later, this is a central issue in the general issue of classification and labeling.

Within the category MR are various subdivisions. Those children who are severely retarded and for whom the prognosis for academic learning is limited to the learning of "survival" words and quantitative concepts, whose language and speech are not expected to surpass the first grade level, and who are not expected to be self-supporting adults are called the Trainable Mentally Retarded (TMR). By contrast, those children who are less retarded and can usually achieve adequate skills to be minimally self-supporting as an adult and can learn academic skills up to about the 5th grade level are called the Educable Mentally Retarded (EMR).

Learning Disability. This term refers to those whose academic level is substantially below where they should be functioning and this cannot be attributed to generalized handicapping conditions as noted below.

Kirk (1972) summarizes the common areas of agreement in definitions of LD.

"1. The learning problem should be specific and not a correlate of such other primary handicapping conditions as general mental retardation, sensory handicaps, emotional disturbance, and environmental disadvantage.

2. The children must have discrepancies in their own growth (intraindividual differences) with abilities as well as disabilities.

3. The deficits found in a child must be of a behavioral nature such as thinking, conceptualization, memory, speech, language, perception, reading, writing, spelling, arithmetic, and related abilities.

4. The primary focus of identification should be psychoeducational. It must be noted that LD does include children who had previously been classified as "brain-impaired," "perceptually handicapped," "dyslexic,"

"aphasic," etc." (p.44)

This subsumption of other categories into the LD category has resulted in some confusion in the field since a child may receive a different label were he in a different school system. Some systems require that the child have no physical stigmata (including demonstrable brain dysfunction) in order to be called LD, others do not. Some would require a child with such observable signs to be placed in a program for the physically handicapped.

Lastly, judging from item 3 above, there is a wide array of child characteristics which could be found in an LD program. Thus, one program may be no more than a remedial reading program while others may involve children with serious perceptual problems, both of which might differ from a third program. In other words, heterogeneity is even more pronounced as one compares children across programs.

Of the three categories discussed in this paper, the LD label is one the child is least likely to acquire if no program exists locally.

Behaviorally Disordered. This term is applied to children whose behavior deviates from the norm to such an extent that it "significantly interferes with (1) the child's own growth and development and/or (2) the lives of others." (Kirk, 1972, p. 389)

This term encompasses those children who are seriously emotionally disturbed in the usual psychiatric sense on the one hand, and on the other, those youngsters who are "discipline" problems within the school or whose social behavior does not conform to school norms even though it may conform to that of their peers. The term "emotionally disturbed" will be used to refer to those whose problem includes aspects of poor mental health (i.e., inner tensions, anxiousness, neuroses, psychoses). The term "maladjusted" will be used to refer to those whose behavior is dictated by the norms of a subgroup which do not mesh with larger societal norms. There are, of course, all degrees of behavioral deviations and combinations of emotional disturbance and maladjustment. The difference is a difficult but necessary one since it has influenced placement procedures and treatment procedures.

Legal Aspects

Authority to Label

Local school systems derive their authority from the State Education Agency which derives its authority from the State Constitution and state statutes. The authority to categorize children thus comes from these sources.

All states use categorical labels in their statutes and prescribe, in relation to these labels, certain minimum standards and guidelines for diagnosis, placement, facilities, finance, etc. (Trudeau, 1972), whether the state has mandatory or permissive legislation. These laws and statutes are then translated into rules, regulations, and guidelines by the State Department of Education for implementation at the local system level.

Since State and Federal legislation and program funding procedures are categorical, they inhibit the development of programs at the local level which are non-categorical. Local systems are influenced by funding patterns, especially when the money is tied to a category of children. In these instances, reporting procedures usually require indicating how many children of each category are being served. This can only be done by attaching labels to children.

Thus, as Ashcroft points out elsewhere in this volume, a child usually requires a label in the public school system in order to partake of special education services, although it is sometimes possible for some children to receive the services needed without having gone through the entire formal diagnostic procedure. This can be good, as in the case of a child receiving temporary help from an LD teacher after a lengthy illness, or bad, as in the case of an aggressive child placed in a BD class without benefit of evaluation.

It must also be noted that while every state at least allows the organization of special services for exceptional children, they also allow the suspension or exclusion of children from school. Oregon law, for example, indicates that "any child over age 10, found to be mentally unable to benefit further from special education instruction, may be excluded permanently by the school board." (Trudeau, 1972, Oregon 37-1). Some states like Connecticut, limit the length of time of exclusion. Others indicate what provisions must be made for the child, such as referral being made to other agencies or requiring attendance at a state school for the blind and the deaf. Some states, such as Arkansas, have not reconciled in the law the apparent contradiction involved in setting up special education services and the compulsory attendance law which waives compulsory attendance for "children who are mentally or physically incapacitated for performing school duties." (Trudeau, 1972, Arkansas 4-1)

This conflict between the legal exclusion of children from school on the one hand and the provision of special education services on the other, lies at the nub of the recent Pennsylvania decision (Center for Law and

Education, 1972) and other legal actions.

In addition to the gap which may exist between state laws and individual rights, there also exists a gap between state law and the implementation of that law at local levels. It is clear that either the profession will find a way to end abuses and to protect the legal rights of children or the courts will.

Regulations

State laws concerning the diagnostic process vary. Some say nothing specific about MR, LD, or BD (e.g., Maine) and others specify levels and kinds of tests (California) to be administered and by whom, others fall somewhere in-between. Most, if not all, define mental retardation in terms of inability to profit from ordinary schooling because of "retarded intellectual development as determined by individual psychological examination." (Trudeau, 1972, Nebraska 27-1). Therefore, in almost every state, the statutes require only the administration of the Stanford-Binet Intelligence Scale, the Wechsler Intelligence Scale for Children, or some other recognized similar test, before the child may be declared eligible for MR placement. While some states statutorily require a psychiatric examination for BD children, others do not.

Statutory guidelines also vary in terms of who has the authority to certify children exceptional and to place children. Many states designate that this shall be the job of a local committee, others vest the authority in a local office (e.g., school superintendent) who may or may not utilize a committee or may delegate it, others vest it in psychologists and medical specialists.

Rules and regulations based on these laws and developed by the state's education agency usually go beyond the minimal statutory requirements. For example, a state may not require local committees for exceptional children by statute but the education agency may require them. In many states, the education agency determines the cut-off scores on the I.Q. tests for TMR and EMR placement. California, by contrast, sets the limits by statute at 2 standard deviations below the mean and sets certain restrictions on that. (Trudean, 1972, California 5-6)

Thus state rules and regulations require that a child referred for suspected exceptionality be examined by a psychologist and/or a medical specialist and/or a neurologist and/or a social worker and/or an educational specialist, who will certify the child as exceptional and eligible for placement in a special program. Then, the designated school authority--a committee or an individual--decides where to place him.

The Process of Labeling

This discussion will focus on the classification process in actual practice. Each category--MR, LD, BD--will be discussed separately. The steps leading from first notice to classification will be described.

The Mentally Retarded

TMR. These youngsters, as a group, are moderately and severely retarded. As such, their development and maturation are noticeably slow in such areas as motor development, speech and language, social behavior, and self-care. Their difference from children of the same chronological age is usually noticeable and noted by the parents and/or physician before the child has reached school age. In such cases, referral to other agencies is made by the parent, the physician or other social agency to state or local services before school age. In some cases, when the child reaches school age, the parents will attempt to enroll him in school. When the child has been in a preschool program, information and records will be sought from that program. When the parent indicates that the child is retarded, the child will be immediately referred for evaluation. If the child's level of retardation places him at the higher levels of the TMR range, he may be simply admitted to school with the other children.

Once the child enters kindergarten or first grade, the teacher becomes the source of referral. These children, are most likely to be noticed early in the school year, since their behavior is very deviant. Notice and referral is a function of the degree of the discrepancy between the behavior of the child and that of his peers.

The child will undergo the same assessment process, then, as the EMR child does as described below.

EMR. These higher functioning retardates are not identifiable before school entrance. During the first year, they fail to learn what has been taught. They may be retained in the same grade or socially promoted, depending on school policy. This may or may not continue for another year or two. At any rate, during the first three or four years of school, the child falls further and further behind his peers in academic learning; the teacher refers him/her to the diagnostic team for evaluation. The referral procedure is usually in written form.

Most first placements in special programs occur at the 3rd or 4th grade levels. After so many years of failure it is not suprising that many of these youngsters also have emotional problems or behave in ways which draw unfavorable attention to them. Thus, de facto, there are two criteria the teacher uses; viz., degree of academic progress and classroom behavior. It is a truism that the child who is academically behind and a nuisance is likely to be referred sooner than the child who is academically behind but not a nuisance. The referral is the beginning of the diagnostic process.

The next step in the process is for the child to be seen by members of the evaluation team. This team may consist of any combination of Director of Special Education, psychologist, social worker, nurse, doctor, educational specialist, physical therapist, neurologist, speech clinician and psychiatrist. The composition of the team is often determined by the needs of the child as perceived by those who see him initially--usually the social worker or psychologist. Even in states which require a multi-disciplinary team to certify, label and place, it is not unusual to find that in actual practice the team consists of one person, the psychologist.

The child is most often seen first by the psychologist who administers an individual intelligence test. The social worker may talk to the child but more frequently will conduct parent interviews, at school or in the home. The nurse or physician will take a history from the parent (the social worker may get this information as part of her interview) and may examine the child. The educational specialist will administer tests of school learning to the child in an effort to evaluate the degree of learning which has occurred. (In many systems this will happen only when the child has scored within the normal range on the intelligence test.) Where indicated, the physical therapist will evaluate the child's motor functioning. If perceived as necessary, the child may also be evaluated by a psychiatrist or speech clinician. In some systems, the psychologist may also administer tests which are more diagnostic than classificatory, such as the Illinois Test of Psycholinguistic Abilities, The Frostig Test of Visual Perception, etc. In a few systems, members of the team will attempt to evaluate the child's functioning (adaptive behavior) in settings other than the formal instructional one at school, an extremely rare occurrence, as Mercer (1972) suggests.

After all members of the diagnostic team have done their jobs, the team meets, shares data, discusses the child, and arrives at a diagnosis (label), hopefully in a unitary fashion (Shotick and Rhoden, 1973). Too often, however, consensus is dictated by the dominant team member rather than arrived at after careful consideration of all points of view and all data collected. This meeting may be attended by the referring teacher and the possible receiving teacher. Almost never is the child, his parent, or their representative present at these case meetings as a participant in the decision making. This point will be returned to later.

Their recommendation then goes to the district special education committee which has the authority to authorize placement or non-placement; i.e., accept or reject the diagnostic team's recommendation. Where such a committee does not exist, the diagnostic team serves this function. In many states, these committees are composed of professionals. In a few, non-school personnel and non-professionals are also members. Once again, seldom is the child, his parent, or their representative present to participate in the placement decision.

This four step process--referral, evaluations, case meeting to certify or not certify child as MR, committee meeting to make a placement decision--is what happens in a system with some degree of good leadership in Special

Education and a realization of the serious impact of their decisions on the child's future. These are a minority of our systems. More often, the team consists solely of a psychologist who is required only to administer one test. Whether he observes the child in natural settings, or administers diagnostic instruments is up to him. In effect, then, in most cases the classification decision is the psychologists'. Operationally this is so even in those states which vest such authority in a local advisory council or case study committee. But worse, the decision may be based on a single sample of a child's behavior and the teacher's referral report. In fact, it has been this writer's experience that even in those systems which have a fairly sophisticated evaluation procedure and some attempt is made to develop a complete case study, prognostication and decision making is based primarily on the child's performance on the intelligence test, with little regard for contradictory observational or achievement data. After all, state laws define MR in terms of an IQ test score. This problem is exacerbated in those systems which hire part-time psychologists to administer a Binet or WISC at the rate of 5 or 6 a day.

In spite of all that has been written lately about the pitfalls of this system (Albee, 1971; Center for Law and Education, 1972; Deno, 1970; Dunn, 1967; Gallagher, 1972; Hickerson, 1966; Hurley, 1971; Hurley, 1968; Johnson, 1969; Lilly, 1970; President's Committee for Mental Retardation, 1970; Ross, DeYoung and Cohen, 1971), this routine testing, labeling and placement of children is still the most common pattern, especially as it affects minority group children. In the vast majority of cases, the adaptive behavior of the children in settings other than the classroom is never evaluated. These so-called "six-hour" retarded children (PCMR, 1970, 1971), who function normally outside of school are inappropriately stigmatized and inappropriately educated. It is this phenomenon which discriminates against minority and/or poor youth (see Albee, 1971; Garcia, 1972; Hurley, 1971; Mercer, 1972), has led to a questioning of the basic structure of special education (Gallagher, 1972), and has led to litigation in the courts (Dimond, 1972; Weintraub, 1971).

The Learning Disabled

These children go through the same process as the mentally retarded. In those states or systems in which LD has become synonymous with neurological impairment, a neurologist or medical specialist, together with the psychologist, must certify the child as LD. In other systems, the psychologist alone may have this responsibility.

In some states, if a diagnosis of brain dysfunction or neurological impairment is made, then the child may be classified as LD no matter what his score on the individual intelligence test. In other states, this child may be called "physically" handicapped.

If the child is not considered neurologically impaired and scores above the cut-off points for classification as MR, and shows a marked discrepancy between his actual school performance and his level of measured intelligence, he is usually given additional tests of a diagnostic nature. Again, there are differences among states. If the child's social behavior is not extremely deviant, he will be classified as LD. If it is, he may be classified as BD. Some states (e.g., California) make no distinction but will classify both types as "educationally handicapped."

The Behaviorally Disordered

The Emotionally Disturbed. These psychotic or extremely neurotic youngsters, like the TMR, are so different in their behavior that they are usually noticed during the preschool years. The person or agency in contact with the child, if any, will be the source of referral to the special education services of the public school, if there is a program in the school for them. These children are evaluated by school personnel to decide if they will fit into the existing program. The referring agency or person(s) are often involved in this decision.

The Maladjusted. These youngsters do not conform, behaviorally, to the norms of the school. They may be aggressive, acting-out children, on the one hand, or extremely withdrawn children, on the other. Usually they are academically retarded. No matter which, they attract attention to themselves because of their poor classroom behavior or their academic backwardness or both. In many cases, the teacher is able to discern that the child has normal potential but his behavior interferes with his learning. In other cases, the teacher may consider the child to be mentally retarded and that is the reason for his poor behavior.

Once these youngsters have been referred, the process is similar to that for the MR. In many systems, the BD child is also given a psychiatric evaluation. Many, if not most, school systems with services for such children contract for the services of a psychiatrist who will often observe the child in the classroom and in other activities. Where a psychiatrist is not available, referral is made to a local or nearby clinic. Thus these children may get a much more intensive psychological and psychiatric evaluation than either of the other two categories. There is always a case conference in these cases in which the label and treatment are decided upon. If, however, the program tends to deal more with children one might term "delinquent" rather than with those one might term "mentally ill", the procedures and situation tend to copy that described for the MR.

The Results of Labeling

Once all testing and interviewing is completed and the team has met, the child acquires his label. If he has scored below 75/80 on the intelligence test, he is labeled either trainable mentally retarded or educable mentally retarded. If he has scored above 75/80 he may be labeled LD depending on the results of the educational evaluation. Those children who have been referred for behavioral problems, primarily, will be labeled MR if they score low enough, and the behavior is not extremely psychotic or neurotic. Those who do not score low enough will undergo further diagnosis.

It must be noted that this procedure is one of eliminating possibilities. In order to be LD or BD, the child must score high enough not to be considered MR; or, in order to be labeled BD in spite of a low score, the behavioral deviation must be extreme enough so that observers of the child can hypothesize that the academic retardation and low test scores are products of his pathology. It is possible within the current scheme of things for a child to be classified LD and BD at the same time, but not LD/MR or BD/MR.

Once the child has been identified as mentally retarded, the team or other authority decide on his placement. The most common is a special class which may be in a regular school building, a special school building, or rented space in the community. Some systems also use a resource room arrangement whereby the child remains assigned to a regular class but spends a portion of his day with the special teacher. The child and his parent frequently find out his classification by being simply told one day that from then on he will be in Mrs. ______'s room.

Once a child is identified as LD, he is usually assigned to that program. While some school systems have established special classes for such children, others use the resource room or itinerant teacher model. Special classes seem to be more prevalent in those systems which had classes for "neurologically impaired" children and which were renamed. Placement in such a class may be a very negative experience for a child who is only experiencing difficulty learning how to read or to handle quantitative concepts.

Programs for BD children vary a great deal. There are special classes, resource (crisis) teacher programs, special schools (residential and day). Some require children to undergo psychiatric treatment. Some require the parents to do the same. The exact nature of the program depends on what is available locally or within a reasonable commuting distance and the philosophy of those running it. The most common arrangement is the special class and special school.

Severely or profoundly handicapped children may be excluded from public school if the system has programs only for the mildly handicapp ,
a practice now being challenged in the courts.

The most obvious result for teachers is the removal of a problem from the class or the removal of the responsibility for that child's progress from her shoulders to those of the resource room teacher. For some, it provides an excuse for their failure with that child or serves to reinforce their biases (Johnson, 1969; Hurley, 1971). For others, it means that a child can get help that they (the teachers) could not provide. (See Lilly's paper elsewhere in this report).

Administrators must decide what kinds of program they will have in their system, if any; how the program will be financed; where it will be housed, how many children can be handled; and the placement of specific children within the existing program. The quality of the program is also their concern.

Major Concerns

The Process of Delabeling

While the process of labeling is a formal procedure, that of removal of labels is not.

The expressed objective of LD and BD programs is return of the child to regular classrooms. Thus exit from the program should be built into it. If the LD child learns to read, then he should be released from the program. If the BD child's behavior improves, he should be returned to the regular classroom. However, in practice, it is very difficult to get out of the special program once the child has been "tracked" into it.

If the system has special schools for BD children, or the classes are centrally housed, it has not been unknown for the child's home district or local school or former teacher to refuse to take him back. This is or has been a problem of some "joint agreement" districts set up to provide special educational services to children of several districts.

Nevertheless, LD and BD programs are not seen as long term, permanent placements for children. On the other hand, many poorly conceived programs with poor instructional and behavioral management procedures have become terminal placements for many. In fact, in spite of expressed objectives, placement in a special program is most often terminal.

Some children with bizarre or very deviant behavior, of course, may never reach the point of being able to cope with the demands of the regular class. In these programs, reevaluation does occur; teacher judgement is a major factor in the reevaluation.

MR programs, on the other hand, are seen as terminal placements. Return to the mainstream is not an expressed objective of these programs. Considering the flimsiness of much of the diagnostic procedures and the multiple sources of diagnostic error (albee, 1971; Houston, 1971; Hurley, 1966; Kohl, 1967; Labov, 1972, Mercer, 1972), it is not surprising that most state law, rules or regulations require reevaluation every one, two or three years. In spite of this, it is rare to find such reevaluations being routinely performed. It is not unusual to find children whose last evaluations occurred more than 5 years ago. In fact, once a child has been misclassified (and this happens to many--see Mercer, 1972) and has entered the MR tract in a school system, it is unreasonably difficult for him to leave it, especially if he is a member of a minority group. Likewise, the larger the system, the more difficult it seems to get out.

It is peculiar to the MR tract that a child's normal or near-normal in-class performance carries little weight if his IQ test score says otherwise: that teachers of the MR are not listened to.

Most states require some sort of yearly review of all children receiving special education services. But these may be so routinely performed, or not performed at all, that they are not meaningful.

Record Keeping

The labels, and the data upon which they are based, usually become part of the child's permanent school record. These records are supposed to be confidential but it is not uncommon for them to be accessible to potential employers, social agencies etc. Thus, a brand may follow a child even after he has been returned to regular classes successfully. Obviously, this is unfair.

Advocacy

The child usually has no advocate. Neither do all systems inform the parent of the classification or change of school placement and the reasons for it. Although there are systems which involve parents in the labeling decision and/or the placement decision with parental veto power, by-and-large this is not so. Additionally, too often the notice to the parents is written in educational or psychological jargonese or is so obfuscatory that the parents (most of whom are poor and undereducated) do not understand it. This lack of information or advocacy is less severe in the LD group and in the BD group, when compared to the EMR group. Where psychiatric evaluation occurs, parental conferences usually occur. Since many BD programs require parental participation as the price of entry into the program, parental permission is obtained. Where special referrals are made, their permission is usually obtained. In other situations, where a psychiatric evaluation is not involved or where the program deals mainly with aggressive, acting-out children, the situation may be similar to the EMR. It seems that the more severe the problem, the more likely it is that parental permission will be sought.

Further, a statutory requirement for parental and child involvement in the classification process is no guarantee that it will occurr. The rights of children to due process is being tested in the courts, especially in the cases of total exclusion from school. PARC v. Commonwealth of Pennsylvania (Center of Law and Education, 1972) requires notice and hearings. Other cases in other states (See Dimond, 1972) are seeking the same relief and are attacking the disproportionate numbers of black and non-English speaking children in special classes. Some of these cases are filed in states which have statutory requirements for notice, hearing, and parental permission for special placement.

Efficacy of Placement

There is an implicit assumption that the special placement by category will lead to appropriate education and training. As Gallagher (1972, p. 529) states:

> "The problem with labeling a child educably mentally retarded for example, and placing him in a special program is a current suspicion, backed by respectable research..., that such a placement does not lead to effective treatment."

Dimond (1972, p. 10) says:

> "...there must be a regular and periodic review to determine whether the particular assignment is "helping" the child; if not, the "remedial assignment" merely becomes a useless label attaching to a meaningless education...without periodic review the particular assignment becomes a burial ground."

The lack of efficacy of such placements has led parents to demand the end of special classes, has led Johnson (1969) and others to decry the whole system as discriminatory and to ask for its elimination, and has led to some of the litigation currently in the courts.

Dimond (1972, p. 3) says bluntly, " Given the senselessness of many school classification practices--or their adverse effect or the absence of any effect--most schoolmen cannot prove the worth of their classification." This is notable in the areas of MR and BD where the labels are derived from medicine or sociology without any clear correspondence to educational treatment.

Given the negative impact of classification and special placement (Jones, 1972) this lack of demonstrated efficacy of special placements is a major concern.

The stigmatizing effect of the classification process is discussed elsewhere in this report and in the literature. If, on the whole, educational treatment is neither specific to the child's problems nor effective, then it seems that special care and much thought must go into the process before a child is classified. The effects of these labels on the child's self-esteem and the view of him held by others cannot be underestimated. If the placements serve to fulfill our own prophecies, (see Hurley, 1971 for a fuller discussion of this point) the labels have no pedagogical value and should be eliminated. The label must lead to improved, more appropriate educational treatment; if not, those labels are inappropriate for school use.

Summary and Conclusions

This paper has examined the process of classification in the public schools as they relate to the mentally retarded, the learning disabled and the behaviorally disordered. It is clear that across the nation there is a striking lack of uniformity of operational definition of these categories;

that laws, rules, regulations vary significantly; that procedures vary significantly; that there are many pitfalls and chances for error in the classification process itself; that individual rights are being abrogated.

It is clear to me that unless we begin to look at children not as collections of defects but as part of an ecological system in which all parts interact and any part of which (including the school) may be dysfunctioning, and to begin to analyse the system in its totality rather than just the child, as we do now, our classification procedures will continue to be faulty and to result in mislabeling and miseducation; that until we begin to specify educational objectives and placement outcomes for each child which are measurable (Gallagher, 1972), schools will continue to be on the receiving end of litigation.

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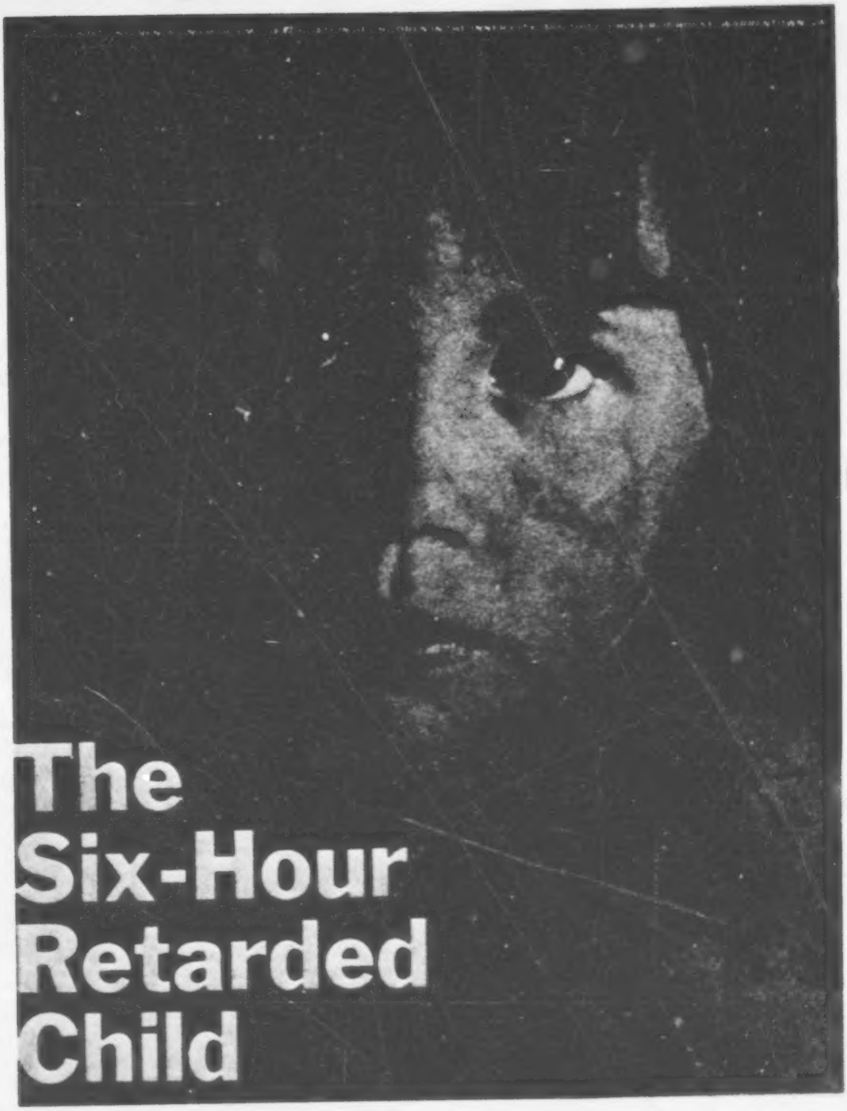

The Six-Hour Retarded Child

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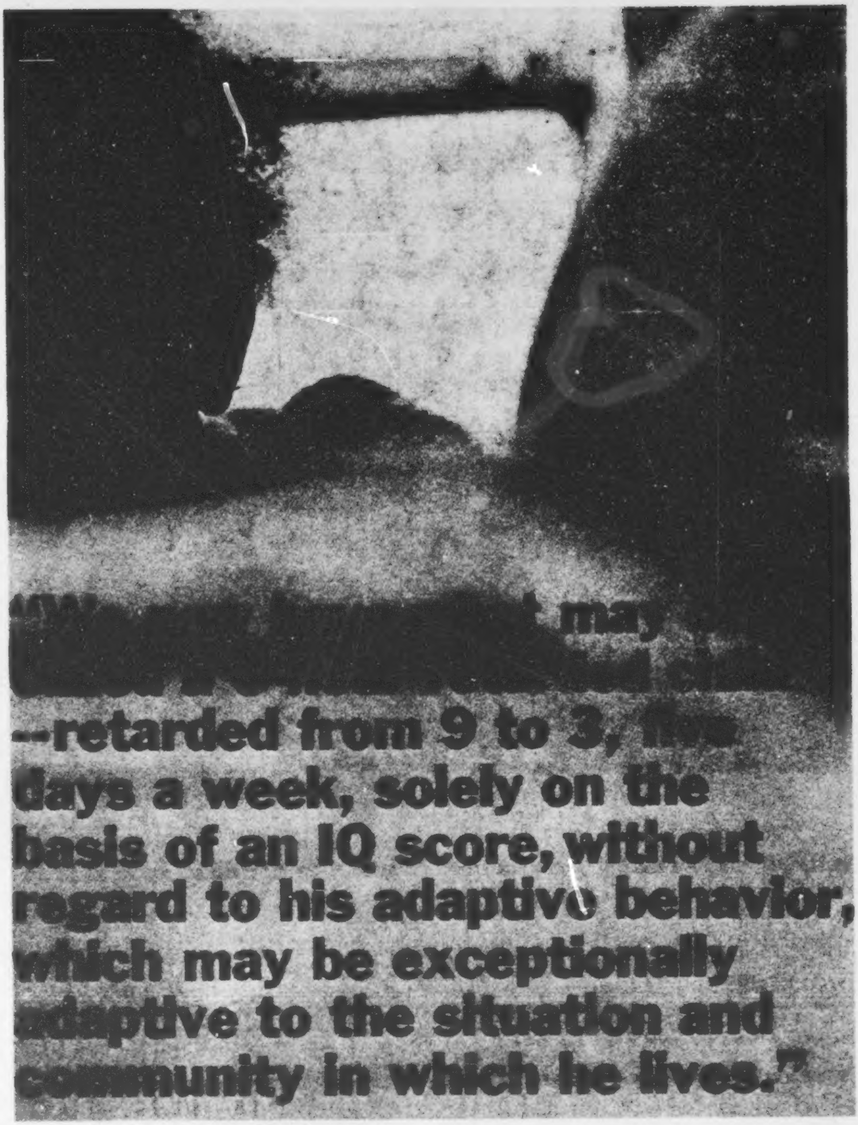
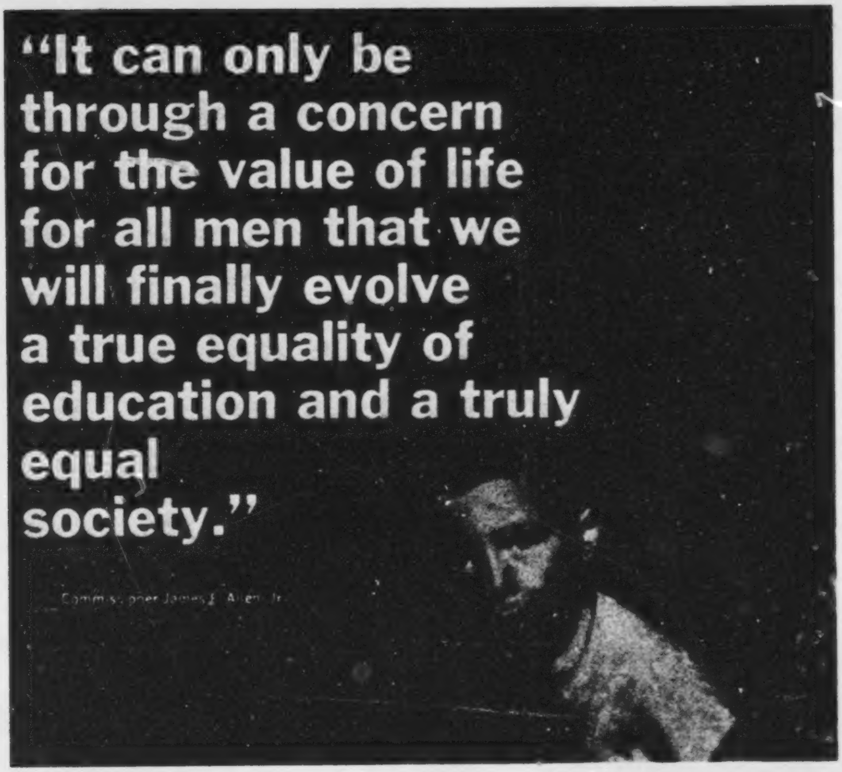


“W[illegible] may
[illegible]
--retarded from 9 to 3, five
days a week, solely on the
basis of an IQ score, without
regard to his adaptive behavior,
which may be exceptionally
adaptive to the situation and
community in which he lives.”



"It can only be through a concern for the value of life for all men that we will finally evolve a true equality of education and a truly equal society."

Commissioner James E. Allen, Jr.

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PCMR MEMBERS .... Cover 4

The quotes used throughout are drawn from statements made by participants.

The position papers, quoted widely in this report, are published in their entirety in a separate publication which also includes the keynote speech of Commissioner of Education James E. Allen, and a fact sheet prepared by the Bureau of Education for the Handicapped. Copies are available without charge from The President's Committee on Mental Retardation, Washington, D.C. 20201.

In this time of radical change, when the whole structure of our society is being critically appraised, a conference to examine the problems of children in the inner-city schools is of the highest importance.

The public school system—in itself one of the most radical ideas in human history—is undeniably the most potent agent for social change in our nation.

Either we shape it into a constructive force to rebuild our society on firmer foundations, or we fall victim—all of us—to the destructive forces unleashed by our failure to grasp the urgency of the voice of the people now heard in the land.

Change is inescapable. The decisions lie in how we change and what we change.

This conference points to ways and means to effect change through methods that are both idealistic and at the same time eminently practical. The recommendations deal with early childhood education, the family, teaching, labeling, educational research, school responsibility, and community participation. These, precisely, are education's target areas.

The conference generated a vitality and a driving sense of urgency that I fervently hope will inspire those with the responsibility to translate these ideas into action.

We must now act so that we can look these children in the eyes and say with confidence the prophetic words of Isaiah:

> You shall raise up the foundations of many generations; you shall be called the repairer of the breach, the restorer of streets to dwell in.

Robert H. Finch

ROBERT H. FINCH
Chairman, PCMR

ACKNOWLEDGMENTS

We owe our first debt of gratitude to the 92 participants at the conference, each of whom offered a unique and valuable contribution. It is their views alone that this report attempts to present.

Instrumental in shaping the discussions were the three position papers distributed prior to the conference. We are sincerely appreciative of the insights and the scholarship of the authors: Drs. Wilson Riles, James O. Miller, and Edmund Gordon.*

The logistics involved in bringing together such a varied group and the plans for a smooth operation were in the capable hands of Mr. Francis X. Lynch, Miss Mary Kay Walsh, Miss Mary Odin, and Mrs. Gwen Coleman, all of PCMR. Mrs. Mary Z. Gray, also of PCMR, is the author of the report.

To Andrew J. Molnar, Executive Art Director of Ceco Publishing Co., Detroit, our deep gratitude for his gift of time and talent which produced the art work and design of this report.

We are indebted also to the Bureau of Education for the Handicapped, especially Drs. James Gallagher, Edwin Martin, Harold Heller, and Mrs. Elizabeth Goodman, who joined with us in planning the conference, in implementing the plans, and in reporting the results. Their advice was of great value, and was given in the best cooperative spirit.

Special recognition, however, must be reserved for the conference leaders, PCMR Members Mr. Leonard Mayo, Conference Chairman; Dr. Leo Cain, Vice Chairman, and Mr. George Jones, who exhibited that rare quality of leadership that sets men free to express themselves, unafraid. It was they who set the climate for open discussion. And it was they who so perceptively grasped the meaning of the results.

David B. Ray

DAVID B. RAY, Jr.
Executive Director, PCMR

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*For full identification, see list of participants.

Within the last decade there has been a mass migration to the large cities. Among the "immigrants" are large numbers of low-income families from minority groups whose children often fall further behind with each school year. A large number of these children score low enough on individual tests of intelligence to be classified as mentally retarded. They are sometimes called functionally retarded to distinguish them from those who, presumably, would have been retarded regardless of environment. The latter are sometimes called organically retarded even when there is no evidence of organic deficit.

The production of so many functionally retarded children by our society raises disturbing questions. Do we need more Special Education that is designed for the retarded? Do we need more of the same kind of education these children have been getting in the regular classroom? What is the role of the schools in a society beset by racism, poverty, alienation, and unrest? Are fundamental changes needed?

The overriding issue narrows down to one basic question: How do we improve the quality of education--and the quality of life--in the inner city?

The apparent answer is, of course, the immediate appropriation of funds to enable communities quickly to enhance their education programs. But the solution involves even more than money, as the eloquent testimony of the participants will show in this document.

It was a concern for these problems that prompted the President's Committee on Mental Retardation and the Office of Education's Bureau of Education for the Handicapped to call a conference on "Problems of Education of Children in the Inner City."

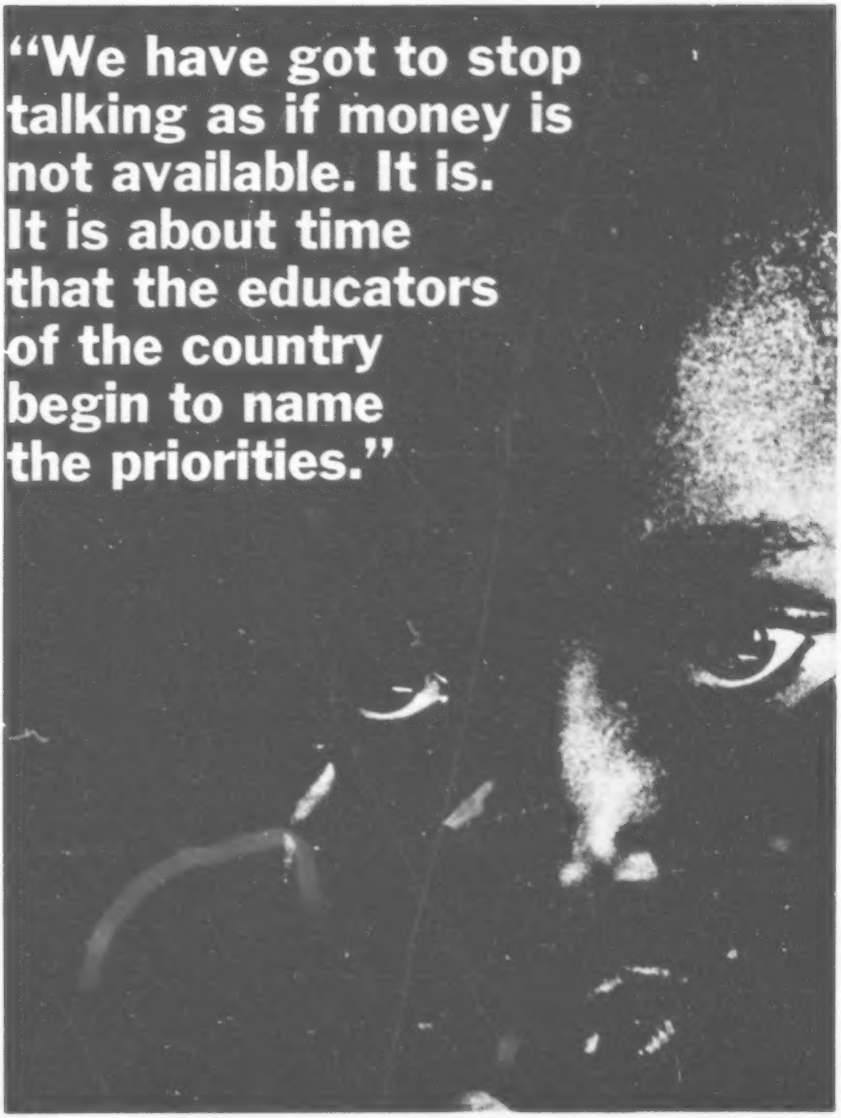
Representatives of all levels of education, college presidents, teacher aides, heads of departments of education, public school teachers, administrators, parents, psychologists, sociologists, and Federal officials came together for three days to seek solutions.

"The educational system," said one educator at the conference, "must become relevant to all sectors of the population and prepare children to cope effectively with a rapidly changing society. This is more than a challenge. It is an educational imperative."

The response to that imperative is presented on the following pages.

Leonard W. Mayo

LEONARD W. MAYO



"We have got to stop talking as if money is not available. It is. It is about time that the educators of the country begin to name the priorities."

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It did not begin as a comfortable conference. It was not intended that it should.

"This is a long way from the inner city," said one participant Sunday night, as he checked into his room with a view of the foothills of the Blue Ridge Mountains beyond Airlie Farm.

There were skeptics who feared the conference would change nothing. There were others who feared it would change too much.

Ph.D.'s, teachers, school administrators, Federal officials and inner city citizens, Black, Brown (Mexican-Americans), White, from big and little cities across the country met and smiled at one another politely while each wondered if the other really understood the problem.

There were anxieties about the purpose of the conference. Was the topic mental retardation or inner-city children with serious educational problems? What is the relationship of Special Education to regular education? Is this conference confined to the problems of the black, urban poor? Then what about Mexican-Americans, Puerto Ricans, American Indians, and poverty-stricken white children in Appalachia—or right in those Blue Ridge Mountains?

In the beginning the 92 participants had but one common source of reference: Position papers written by experts in their fields which were sent out prior to the conference as springboards for discussion.

All had arrived infused with the facts and philosophies offered by the

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authors, Dr. Wilson Riles, Associate Superintendent and Chief, Division of Compensatory Education, California State Department of Education; Dr. James O. Miller, Director, National Laboratory on Early Childhood Education, Urbana, Illinois; and Dr. Edmund W. Gordon, Chairman, Guidance Department, Teachers College, Columbia University.

From Dr. Riles' paper they had learned that in California "the disadvantaged child falls further and further behind, at the rate of three months for every school year." They knew this fact was mirrored throughout the country.

Old concepts were jolted when Dr. Riles pointed out that in California "the rate of placement of Spanish surname children in special education is about three times higher than for Anglo children; the Negro rate is close to four times higher than the Anglo rate. . . . The question must be raised: To what extent are children classified as mentally retarded when the true nature of their learning disabilities stems from environmental factors?"

"The poor and the alienated are no longer willing to accept the status quo," wrote Dr. Riles. "They are demanding what any middle-class parent would have demanded long ago if his child did not seem to be getting anything out of the educational system. They are demanding an accounting and a change in the system to make it more relevant to their [children's] needs."

Introducing an historical prespective, Dr. Miller documented the social revolution and technological development following World War II. "But technological development and affluence," he stated, "etched a much sharper picture in the contrast between skilled and unskilled, both socially and economically. . . . The accumulated educational deficit of a significant number of the population came sharply into focus. . . .

"Equality of educational opportunity, a civil right, was a hollow victory indeed for the individual, if doors were closed to him because environmental circumstances had failed to provide the necessary support to insure educational success."

We are just becoming aware of the scope of the "dynamic social revolution in the United States," in Dr. Miller's opinion. "The student revolts are a direct response to the intransigence of the educational system to social reality."

He sees society finding one answer in early childhood education "as a constructive alternative to a mass sit-in on the educational system."

Dr. Gordon reviewed the often contradictory literature on educability of diverse people. "Educability," wrote Dr. Gordon, "has been defined less by the actual potentials of persons and more by the level of society's demand for people capable of certain levels of function."

Reviewing the trends in ever-broadening concepts of educability, Dr. Gordon brought history up to the present by writing that now "the demand is made for education of high quality, where possible, on an ethnically integrated basis. However, where segregation exists (and it does exist for the great majority of ethnic minorities in this country) the demand increases for control of those schools serving such children, by groups indigenous to the cultures and communities in which they live. Hence the demand for 'black schools run by black people'."

It was these papers, as much as the unique experience which each participant brought with him, that set the stage for the conference. Their total impact will be seen later, as other pertinent portions of the papers formed the backdrop for many of the recommendations that came out of the meeting.

At the opening session on Monday, Conference Chairman Leonard Mayo, Professor of Human Development, Colby College, Maine, sounded the keynote. In reference to the handicapped—handicapped by retardation, poverty, race, color—he said: "The people we once rejected as a drag on society are now showing us a wisdom and giving us a knowledge that enables us to understand ourselves better, and to understand how we can effectively deal with the problems of all humans in society.

" 'The stone rejected by the builder has become the headstone of the corner,'" he quoted from the Scriptures.

U.S. Commissioner of Education, James E. Allen, Jr., furthered the theme. "It can only be through a concern for the value of life for all men that we will finally evolve a true equality of education and a truly equal society."

He said that although many children from the slums score low on intelligence tests and that their academic achievement is comparably low, "we doubt that it all is due to low intellectual ability."

"Despite the uncertainties of how and why learning does or does not take place," Commissioner Allen said, "one thing is clear: No child can be expected to learn satisfactorily in a hostile environment.

"We are gravely concerned with the thought of children growing up in an environment ridden with health hazards," he said, "where rodents carry disease from house to house, where infectious diseases are unchecked, where malnutrition is a way of life.

"We should be equally concerned with impoverished and dangerous educational environments; where discouragement is a way of life and the infectious diseases of apathy and disinterest interfere with normal educational growth and development."

Commissioner Allen pointed out the accomplishments in mental retardation as a result of the Report of the President's Panel on Mental Retardation. He concluded by telling the conference that we need a new perspective, this time focusing on the problems of the mentally retarded living within the ghettos of our great cities. He said, "we need a new set of recommendations, a new set of challenges and new goals for tomorrow. We are looking to this Committee and this meeting to give us these new challenges."

The Commissioner pledged the strong support of the Office of Education for programs in urban education, citing the fact that it is of the highest concern to the Administration at this time. And he promised serious attention to the recommendations made in the conference.

Dr. James Gallagher, former Associate Commissioner of the Bureau of Education for the Handicapped, and recently named Deputy Assistant Secretary for Planning, Research, and Evaluation, Office of Education, said he hoped this would not be just another conference on the inner-city problems, but "part of a process" to reach decisions.

Suggesting the problem-solving approach, he cited a problem presented to a group of children and the two styles with which they approached it. The problem was: What would happen if everybody in the world were born with three fingers and no thumb?

One category of youngsters gave these kinds of responses, he said: "We couldn't hold a spoon. Couldn't open a door. Couldn't play tennis. Couldn't play baseball. We couldn't drive a car. Everything would be terrible."

Another kind of youngster would give a very different answer: "We would have a number system to the base six instead of ten. We would have sliding doors instead of doorknobs. We would design a rudder for cars instead of a steering wheel. We would have a pushbutton society. There would be no more green thumbs; just green fingers."

He asked the group to choose the solution-seeking style in the conference, to come up with specific ideas about how things can be constructively changed. "We know what the problems are," Dr. Gallagher said. "How do you, in fact, provide for that noble goal of fitting the curriculum to the needs of each individual child?"

Mr. Mayo also put in a plea for constructive change and for reaching the heart of the matter quickly. "Let's not allow ourselves to get into petty squabbles about what Special Education is and who are the retarded," he said. "We know that every child in the inner city has special needs. If he isn't retarded organically, he is functionally in terms of his disadvantaged condition and his state of impoverishment. Let's change impoverishment to enrichment."

In the Monday morning session Dr. Riles gave a brief summary of his paper, concluding with this statement: "If there is a question as to whether you and I and all of our colleagues around the country fail to meet this challenge (of education problems of the inner city) with the mentally retarded or the disadvan-

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taged for whatever reason, then the public schools simply are not going to survive. And if we don't meet the challenge, I don't think the public schools deserve to survive."

Dr. Miller sounded another kind of warning when he said he was disturbed by the underlying notion that there are absolute solutions. "The solutions we come up with today," he said, "are not the solutions for tomorrow." He asked for continuing innovations, and moving new knowledge into practical application, through the "on-line individual in the classroom" who is going to make the real difference with children.

As the opening session drew to a close, participants were assigned to the six highly diversified study groups, of about 15 members each, to explore the position papers and ultimately, on Tuesday, to come up with some recommendations.

In order to further discussion, Mr. Mayo gave participants an open-ended invitation to meet in the evening.

The study groups met on Monday afternoon and wrestled with the problems. By dinner time some felt concerned about a lack of progress, and a few decided to take Mr. Mayo up on his invitation.

Monday night a number of blacks and browns (Mexican-Americans) gathered for an intensive session to draw up a set of recommendations. They worked late into the night and were back at work early Tuesday morning.

Breakfast that morning was a quiet affair. Not thirty feet away, the closeted ad hoc group pressed on to complete the job they had set for themselves.

As the regular study groups reconvened, the members of the ad hoc group rejoined them, bringing copies of a report of their deliberations and recommendations to be considered by all participants.

In the plenary session Tuesday afternoon, leaders presented the results of each group's work. Recommendations were remarkably similar. The black-brown report's influence was felt in every group. The recommendations were consolidated with others that came out of the original six study groups. (A report of the discussions and recommendations begins on page 7.)

When all the reports had been given, emotional relief permeated the air. Those who represented the educational system and those who were struggling to change that system found themselves to be allies in the same camp. There was now valid hope for constructive change, as "they" suddenly became "we".

Diverse views had merged into common agreement: The burden of failure lies with society and its institutions; not with the children.

The work groups concluded that the following are needed:

- Greatly expanded programs in early childhood education;
- Increased parent and child involvement in the educational system;
- Concurrent teacher, and administrative involvement in community and family life of the students;
- Major changes in teacher education and retraining with emphasis on sensitivity to each child's needs;
- Intensive use of associate professionals, such as teacher aides, etc., working with professionals;
- A thorough study and report on the strengths of inner-city families, exploring the positive aspects of those who do surmount the negative aspects of their environment;
- A zero-reject goal in the schools, which shifts the responsibility for failure from the child to the educational system;
- The reshaping of the curriculum to provide for an individualized and prescriptive approach to education, where possible.
- An examination of the use of intelligence tests in determining the mental ability of children and the consequent assigning of labels.

A recurring theme was that emphasis be placed on the child rather than on a classification. There was a consensus that many children now labeled retarded are "six-hour retardates," who are competently coping with their environment everywhere but for the six hours per day in the classroom. Only in the academic environment do these children function at the retarded level. Do these children become dropouts, participants asked, or pushouts from an often inflexible, irrelevant social system as reflected in their schools?

After the presentations, Dr. Leo Cain, President of California State College, Dominguez Hills, emphasized the interest of the President's Committee in education, and, he said, "You cannot separate a specific problem of education—like mental retardation—from the total school environment. . . . Special Education has made a very significant contribution to education. It has taken the leadership in providing services for many children who were never provided for before.

"But just as everything moves, and everything changes, Special Education and all education must move forward . . . must be creative, and must see if the program it has been operating in the past fits the present, and will fit the future."

It was the kind of conference that encouraged self-confrontation.

"I have had to reexamine a good many of my views," said a participant. "I have been functioning a good deal of the time in the last few years with a heavy sense of guilt because I know in a sense I am part of the white population living on the periphery of the inner city . . . consciously or unconsciously . . . responsible for its continuance and the maintenance of the status quo."

There was talk of accountability—not only of teachers, school administrators, parents, teacher trainers and the entire educational system, but also accountability to ourselves. Perhaps we should all analyze ourselves and our own motives and attitudes, it was said, as well as holding the schools accountable for educational failures.

Even the most skeptical seemed to have found something fresh and dynamic in the outcome of the conference, "with a feeling and an impact that I have not really felt in any conference before," as one man expressed it. Relationships as well as opinions had changed in those two days.

In conclusion, Mr. Mayo made a plea for continuing cooperation. "I emphasize again," he said, "how very much we need each other. How very tragic it is when there is diversity at the core. We can't afford not to disagree on the periphery. We cannot afford basically to disagree in terms of the fundamental objectives we seek.

"And we can never give up."

As the participants walked away from the main Airlie House toward their rooms to pack for the trip home, they talked to one another as they had not done on that first night.

"I didn't know you had been a classroom teacher, too," one of the elementary school teachers said to a university department head in a tone of pleased discovery. And they talked about their common hopes for something constructive that would come out of the conference for the children they both knew.

"I feel good about this conference," the young black man said to nobody in particular and to the world in general. "They listened."

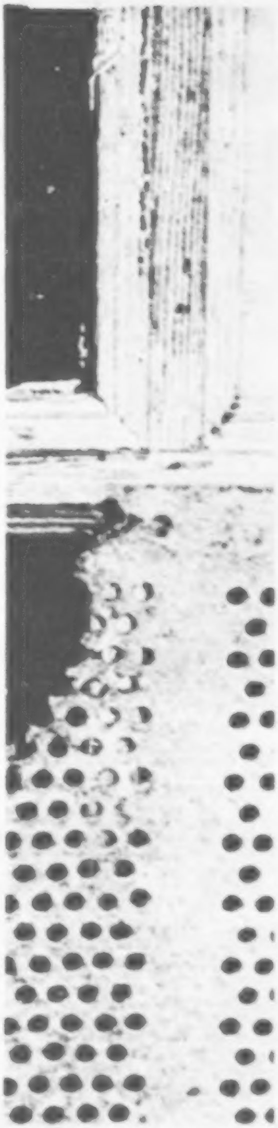
"We all listened to one another," someone else added. "That's the point. And we all grew a little, together."

"I'm glad we came here," said one who had been a little bitter at the contrast between the inner city and the "outer city," as he termed it. "Maybe drawing apart from the sights and the sounds and the smells of the slums has given us a perspective we never would have gained in the middle of Harlem or Watts or Newark. This is good."

It was now clear that one consideration cut across the diversity of people and interests and experience—a basic concern for children.

The concern had started with the mentally retarded child. It had spread to the inner-city deprived child who is black—then to brown, red, white children who are living in poverty—and finally to encompass all children.

"In light of what we have heard in this conference, we must rethink many of the things we have taken for granted."



RECOMMENDATIONS AND SUGGESTIONS FOR ACTION

In the final, plenary session of the conference, each work group presented a set of recommendations and suggestions for action. The unanimity expressed in the recommendations made it possible to combine them in one presentation in this report.

Quotes from position papers, speakers, and participants trace the development of each recommendation, and the rationale behind it.

RECOMMENDATION 1
Provide early childhood stimulation, education, and evaluation as part of the continuum of public education.

RECOMMENDATION 2
Conduct a study of histories of successful inner-city families who have learned to cope effectively with their environment.

RECOMMENDATION 3
Restructure education of teachers, administrators, counselors. Retrain those now in the field.

RECOMMENDATION 4
Reexamine present system of intelligence testing and classification.

RECOMMENDATION 5
Commit substantial additional funding for research and development in educational improvement for disadvantaged children and youth.

RECOMMENDATION 6
Thoroughly delineate what constitutes accountability, allocate sufficient funds to carry out the responsibility entailed and hold the school accountable for providing quality education for all children.

RECOMMENDATION 7
Involve parents, citizens and citizen groups, students, and general and special educators in total educational effort.

RECOMMENDATION 1

Provide early childhood stimulation, education, and evaluation as part of the continuum of public education.

ACTION – Establish multi-service centers for prenatal care, infant care and day care, emphasizing education, with pediatric, psychological, psychiatric and other diagnostic services on a continuing basis. An integral part would be a parent education program to aid in the development of sound parent-child relationships. These centers would be community oriented and would be for all children.

"If the educational decade of the sixties is remembered for its student revolts on university and college campuses, it must also be remembered for the unprecedented awakening of interest and commitment to early childhood education.

"While earlier conceptions saw growth and development occurring according to a fixed genetic pattern and pace in a closed system, the evidence now seems to point to growth and development being an interacting process between the individual's genetic endowment and

his environmental circumstances **in an open system.** This new conception will have a profound effect upon child rearing and educational practices in the development of a competent and productive citizenry."

—DR. JAMES O. MILLER

"Is it possible that we are so awed by the complex psychological constructions of learning and cognition that we have overlooked some of the simpler principles of human development?"

—DR. JAMES E. ALLEN, JR.

"If we can get youngsters who are in trouble early enough and if we are smart enough in diagnosing their problems and bringing appropriate services to them we can save ourselves a tremendous amount of time, energy and funds."

—PARTICIPANT

"Research is accumulating to indicate that meaningful early sensory-motor experiences can prevent functional retardation by the time the child is ready for school. During the child's early developmental years he passes through significant critical periods when the need to learn is at its optimum. With the passing of certain critical periods, learning then becomes more difficult. For example, during the first three years of life the child, with adequate environmental stimulation learns concepts which relate to the concrete and physical objects in his immediate world. With continued experience, he learns how things function (or functional concepts) and with significant stimulation he begins to understand abstract concepts."

—PARTICIPANT

■

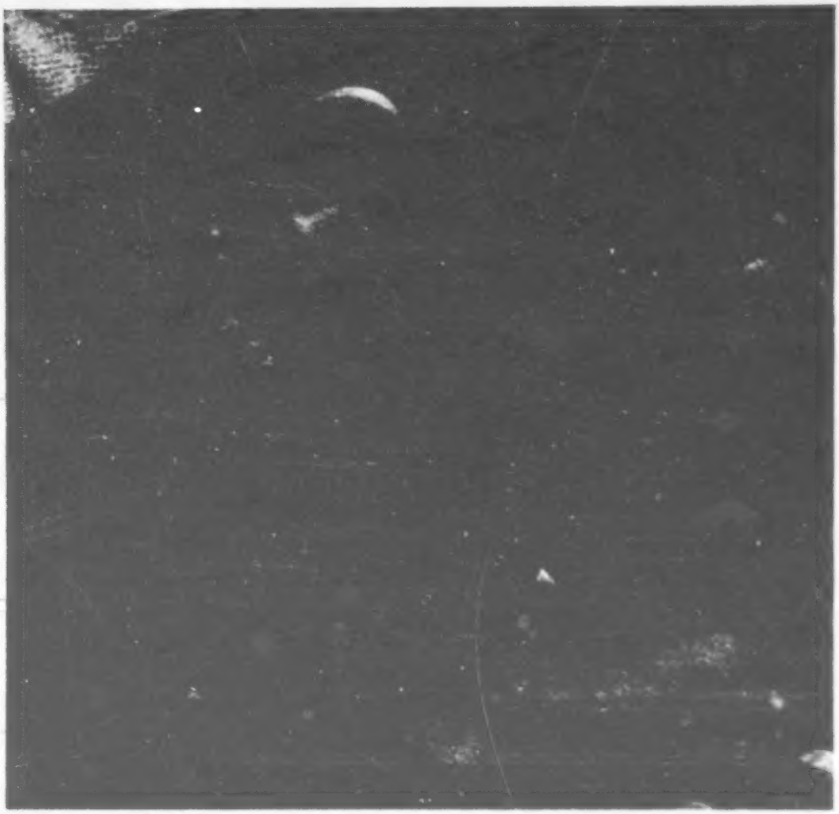
Conduct a study of successful inner-city families who have learned to cope effectively with their environment.

ACTION—Discover the methods by which they were able to achieve upward mobility and present a pattern that can be emulated by others with similar handicaps in similiar sociological environmental situations. Offer models of successful inner city minority families and the characteristics they possess and have acquired.

"It is probably true that adverse conditions of life do not facilitate academic achievement in most children, but we have no firm evidence that such conditions preclude academic success. In fact, there are sufficient cases of success despite adverse conditions to make untenable the conclusion that difficult life circumstances prevent success in school. Insufficient attention has been given to the fact that many 'normal' and well-functioning individuals have such adverse circumstances in their lives."

—DR. EDMUND W. GORDON

RECOMMENDATION 2



"Early post-natal family training and education is needed along with early education for the child. These areas should not be separated."

—PARTICIPANT

"To deny the history of a people is to deny their humanity."

—PARTICIPANT

"Much of our knowledge concerning children from socially disadvantaged backgrounds has been drawn by inference from the wide literature on juvenile delinquency. Sensitive analysis of this literature leads to an awareness of several other characteristics of this population."

—DR. EDMUND W. GORDON

"As we think about the education of the child under five, we think about the social process going on in these communities in the inner city with respect to the family. Therefore, we should have studies of families who have been able to make it despite the odds stacked against them."

—PARTICIPANT

RECOMMENDATION 3

Restructure education of teachers, administrators, counselors. Retrain those now in the field.

ACTION—All teacher-training institutions should continue to seek new models for preparing professional teachers who can individualize instruction and handle diversity.

- Reassess current licensing and certification requirements. This should contain an expansion of such programs to include associate professional personnel in education and healthy related programs.
- Assess the role of the associate professional within the educational enterprise with serious consideration to their upward mobility.
- Encourage the preparation of child development specialists and the utilization of associate professionals in this field.
- Provide prospective and current educational personnel with opportunities for obtaining teaching and work experience with urban and rural disadvantaged children. Colleges and universities, public schools, and State educational agencies should cooperate in developing more viable teacher preparation programs. Teacher education is an equal responsibility among these agencies.
- Emphasize a cooperative approach to teaching and working with service agencies in the community.
- Within teacher education programs, emphasize communication between general educators and special educators.

"While there is no question of the concern and dedication of the people who have assumed classroom responsibilities, there is a definite question as to their ability to design and implement an instructional curriculum. . . . Nurturance is an active endeavor requiring skill and knowledge of the significant adults in contact with the child."

—DR. JAMES O. MILLER

"There are many good reasons for improving the living conditions of the disadvantaged; there is certainly no good excuse for an affluent society to fail to do so, but a concern on the part of the school for changing poor conditions of life should not substitute for a primary concern with the improvement of the teaching-learning process."

—DR. EDMUND GORDON

GENERAL
Reading for Understanding

"Most of our large training institutions are quite removed from the inner city. Now there is something new on the horizon—the community college—which offers a tremendous opportunity to move the training of people into a more relevant context."

—DR. JAMES O. MILLER

"It is time to do a very careful analysis of the purposes served by certification. Much is lost by too rapid a movement toward prescription of requirements. Preservice preparation is only the beginning to the task of establishing and creating teacher competence. Many factors enter into the equation. The match between the teacher's experience and the children she must teach, personality adjustments to supervisors and colleagues play important roles in developing competence. Simply establishing that an individual is prepared to teach is only one step in certifying teacher competence. . . . They need desirable working conditions, career patterns and differentiated levels of compensation."

—DR. JAMES O. MILLER

"Crucial to the success of a city school system in meeting the concerns of disadvantaged communities is a change in personnel policy and practice. It is common practice in many school districts for the inexperienced teachers and administrators to be placed in the ghetto area schools. Then, if they survive a few years, they are promoted 'up the hill.' Often this is not due to design, but to a seniority system where the experienced teachers are given their choice of assignment, leaving the younger teachers with no choice but to take what is left—usually the 'difficult' schools. In the case of school principals, a common practice is to move them around the school district to different schools as training prior to promotion to the front office.

"If we are to solve the educational problems of our ghettos, we cannot leave the selection of principals and teachers in those areas up to chance. We must recognize that not all principals and teachers, even good ones, have the temperament and skills to work effectively with children from disadvantaged socio-economic backgrounds. School personnel must be assigned on the basis of their ability to function in a specific situation."

—DR. WILSON RILES

"In early childhood education, we have the opportunity to experiment with a number of career development patterns which could demonstrate advancement in competenc without promoting the teacher out o the classroom. Certification shoul reflect identification of levels of competence so that compensation ca be made in terms of differentiated teaching roles and responsibilities rather than simply length of service. With flexible and differentiated certification, steps should be taken to implement the standards at a national level. Perhaps the chief responsibility for certification should be in the hands of the professional organizations which would act for the lega regulatory agencies at the local and state levels."

—DR. JAMES O. MILLER

"If we can have an extension of the university in Paris or Madrid, we can have it in the community where the schools are."

—PARTICIPANT

"Teacher education is also a primary function of the school system."

—DR. LEO CAIN

ACTION—Limit designation of mentally retarded to those who do not show a significant increase in either intellectual or adaptive behavior normal for age in spite of various therapeutic attempts at correction of the problem (e.g. no "final diagnosis" until after remediation has been applied).

- Assess child's behavior in home and neighborhood. Where adaptive behavior is not consonant with test score, child should not be labeled mentally retarded, but should be provided proper educational treatment.
- Assess child's strengths so that appropriate planning and curriculum development can be provided, and instruction focused on strengths rather than weaknesses.

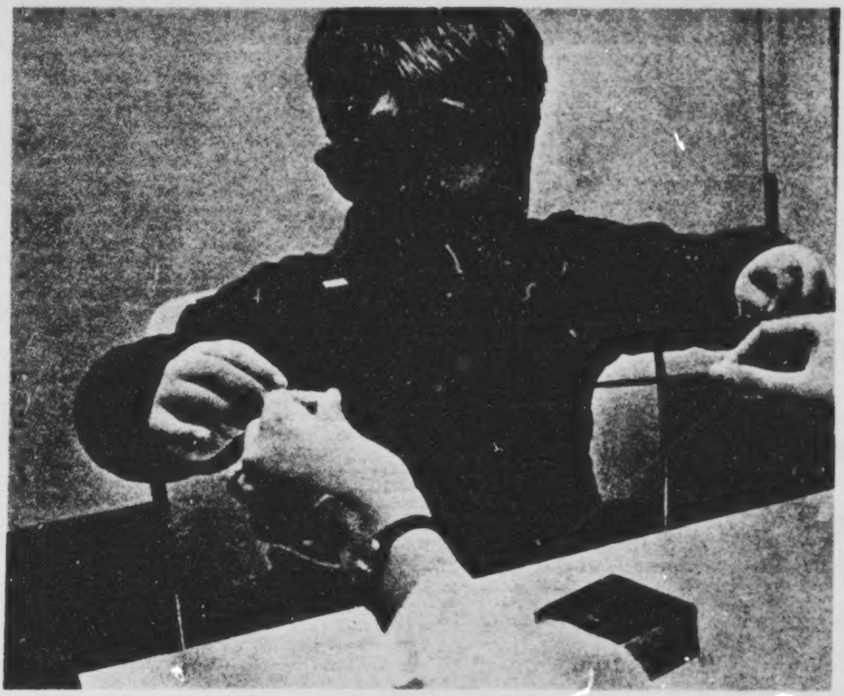
"Whereas something like less than three percent of the general population are now regarded as retarded, the population in the inner city and in severely disadvantaged rural areas shows a retardation prevalence—at least in learning and academic achievement—of something like twice that number.

"When youngsters from severely disadvantaged areas enter school, almost at that moment they begin dropping behind so that when the child from the disadvantaged area is a teenager, he is generally at least two years behind his more fortunate colleagues and friends who come from more advantaged areas, communities and families.

". . . . in many cases we are

Reexamine present system of intelligence testing and classification.

RECOMMENDATION 4



placing a large number of children in so-called special classes either because they are unresponsive in the so-called regular classes, or because, according to the tests which we give them, it is indicated that they are retarded, and the tests we give them . . . are often more related to our world than to theirs."

—MR. LEONARD MAYO

"If the child—black or white or brown—is not very tidy, clothes a little tattered, if he is inarticulate in the English language, many teachers' first reaction is that the child must be mentally retarded."

—DR. WILSON RILES

"We know that many children living in ghetto neighborhoods would score low on intelligence tests, but we doubt that all such low scores reflect retarded intellectual ability.

"Recent definitions of mental retardation do not seem to imply so much a continuing but something more like a case of pneumonia, suggesting that a diagnosis is valid only at the time and under the circumstances existing when it is made.

"Is it possible that the term (mental retardation) is no longer of any value to an educator? Do we need to find a new concept of education for children with special needs—one which does not carry with it surplus meaning which is threatening to parents and detrimental to children?"

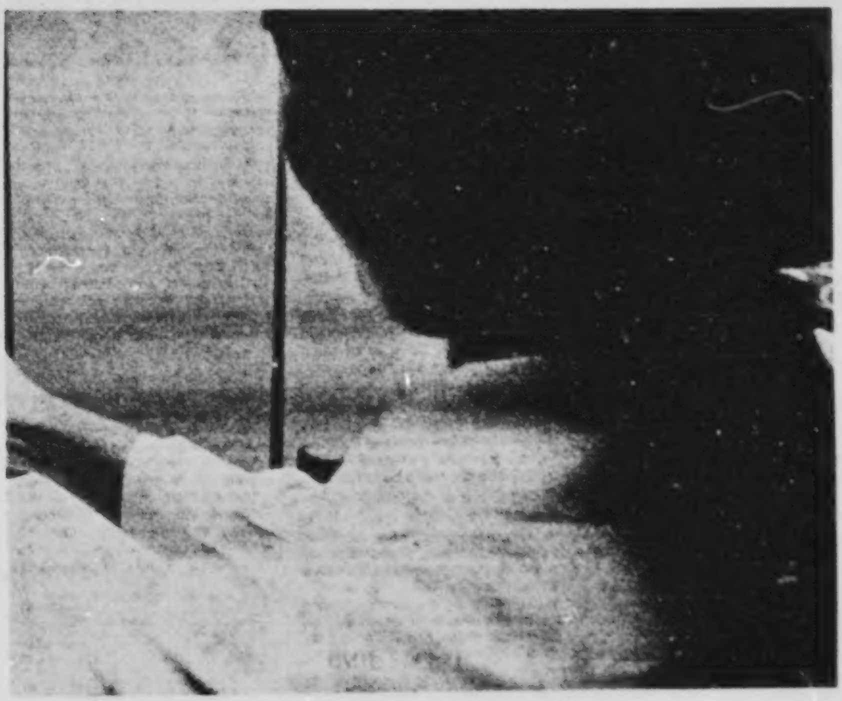
—DR. JAMES E. ALLEN, JR.

"The assessment of all children should include an assessment of the child's behavior in his home, and in his neighborhood. Where the adaptive behavior is not consonant with a test score, the child should not be labeled MR, however placement in a special class may be needed.

—PARTICIPANT

"Perhaps we have gone beyond now what we have been doing in the past, and that is, labeling by numbers. When we attach a number to a child we conveniently put him in a slot where we say a program has been devised to fit that particular number."

—DR. LEO CAIN



walk to school

RECOMMENDATION 5

Commit substantial additional funding for research and development in educational improvement for disadvantaged children and youth.

ACTION—Assess existing programs within the organizational structure so that the best educational models may be perpetuated, with improved techniques for getting tested effective programs into the classroom as soon as possible.

- Increase longitudinal research to discover how children of various life styles learn, and how teachers and schools may encourage diverse learning styles.

- Demonstrate new and innovative models and improve coordination among agencies so that research findings of proven effectiveness may be applied quickly.

- Encourage constructive competition among schools and teachers who create imaginative and successful atmospheres for learning, and try to group children around teachers compatible with their personalities and learning styles.

- Encourage prescriptive teaching, non-graded schools, programs rather than classes, community teacher helpers (some of whom may be bilingual), part-time diagnostic teaching by master teachers, increased use of teacher aides, and increased use of the older students as tutors for younger ones.

"We need a national assessment system of educational systems, schools, and personnel. This would provide for the first time a consistent, comprehensive analysis of the educational system that nationally could be used to measure progress and determine priorities, and locally could be used by administrators, the community and teachers for such things as to where to locate, what to expect, and what elements are required for major modification. Also, the availability of this reference would help through competition and local pride to stimulate community support.

"One of the problems with educational programming for inner-city children is the lack of systematic planning. The planning for inner-city schools is often piecemeal and related to the solution of specific crisis situations. Many of the practices and attitudes found in such schools evolved over the years while the schools underwent a transition from middle-class white to poor black students."

—PARTICIPANT

"A portion of research may be used to encourage constructive competition among teachers and schools, with emphasis on learning atmospheres and teacher styles.

"We are constantly looking for some new way by which all children will learn. But this contradicts what we have been saying: That all children are different, with different learning styles.

"Let's try to find a system in which each individual teacher finds himself most comfortable and has the full right to teach in a way that is compatible to his personality. Children who are best suited to that particular atmosphere can be grouped around that teacher. Then we will begin to have a good system of diversity."

—PARTICIPANT

"I would like to know more about intelligence and how it develops. What role does language play in the development of cognitive skills and what role does experience play in the development of language? Is facility with certain parts of language necessary for the use of language in the development of other cognitive skills? Must the processes of learning themselves be learned? If so, can they be taught?"

—DR. JAMES E. ALLEN, JR.

". . . the massive size of the segregation problem or the difficulties, both financially and logistically, of implementing racial balance in the classroom should not be used as an excuse to stand still and fail to make any efforts toward providing our urban students with some form of integrated educational experiences. Such situations demand not less effort, but more creativity."

—DR. WILSON RILES

"To give meaning to the concept of educability in populations where there is deprivation of developmental and educational opportunity, several educational preconditions are indicated. These include (1) provision for a more appropriate distribution of emphasis between the effective, cognitive, and conative aspects of learning; (2) a shift in emphasis in educational appraisal from quantitative measures and static prediction to qualitative measures and dynamic prescription; (3) increased attention to individually prescribed learning experiences; and (4) greater concern for insuring that the learning experience is relevant to the general experience of the learner."

—DR. EDMUND GORDON

"We need very much to have a middleman, a middle institution; one that is not caught up in the traditions of academia, not caught up in the traditions and problems of the direct on-line system, but that can stand as the place where a teacher can go and see practice going on that is translated from knowledge. This middle institution should also have a way of getting this demonstration context out and into the classroom where the action is going on."

—DR. JAMES O. MILLER

"We must develop the idea of continuous readjustment and updating if we are going to retain relevancy."

—PARTICIPANT

Thoroughly delineate what constitutes accountability, allocate sufficient funds to carry out the responsibility entailed and hold the school accountable for providing quality education for all children.

ACTION—Public school systems should move toward becoming an all-inclusive (zero-reject) educational system.

- School board members, teacher organization representatives and community representatives should develop guidelines for their community on what constitutes accountability.
- Public school systems ought to provide an opportunity for redress of that system by its public.

"A system ought to be developed at the federal, state and local level to provide an opportunity for redress of the system that has failed to provide adequate education for the children."

—PARTICIPANT

"Several years ago when I started in elementary school they didn't have a term dropout. It is a new term. You simply got out and joined the working class.

"Why are we concerned about it today? Because the society cannot absorb large numbers of unskilled people.

" . . . There are no dropouts; there are push-outs. The system is calculated to eliminate those who don't make it in the system."

—DR. WILSON RILES

RECOMMENDATION 6

"Who is accountable to whom for what? And what are the penalties for having failed? Accountability ultimately means that the parent may judge the job that the teacher is doing on the parent's individual child, which may ultimately imply withdrawal of the child from a teacher's class and requesting that he go to another teacher. This poses severe administrative problems, but the rewards would be worth the effort."

—PARTICIPANT

"When something goes wrong, we make convenient administrative shifts and say we have revised the program. Oftentimes it is the same old thing under a different kind of procedure. And that will not work."

—DR. LEO CAIN

"We have traditionally thought of a dropout in terms of the chid's failure to succeed in school. But a more realistic appraisal is that dropouts reflect the school's failure to succeed with the child. In effect, the child has not dropped out; he has been pushed out by a school that has ignored his educational needs and by a school program that had no relevance to his aspirations or learning problems.

"Although most of our children come from lower-class families, our schools have been geared to the middle-class child. Our teachers come from middle-class backgrounds and naturally are better able to understand and communicate with the middle-class child. Our curriculum, textbooks and recognized teaching methods are all aimed at the experiences and values of the middle-class child.

"But the instructional program that is good for the middle-class child is not necessarily good for the child whose background is one of poverty. The child of poverty has not had many of the simple experiences which we assume are common with all youngsters."

—DR. WILSON RILES

"Each school district should have the responsibility of providing a total assessment of each student, including medical and dental services. This comprehensive approach should be utilized to assess the student's strengths so that there can be appropriate planning and curriculum development which focuses on strengths rather than weaknesses."

—PARTICIPANT

RECOMMENDATION 7

Involve parents, citizens and citizen groups, students, and general and special educators in total educational effort.

ACTION—Require community commitment to goals and objectives of the total educational process in early education, special education, general and continuing education. Reciprocally involve the school and its community in the total educational effort.

- Substantially involve students in teacher-learning process, using unique talents of students in tutoring other students.
- Consider parents as partners in the educational process, training them not only to work with the children but also, in many cases, to master the task themselves. Involve them in planning, implementation, and evaluation of local education, and provide them with materials that help in educating their children.
- Encourage teachers and administrators to know the community, to participate in its life, as well as in the life of the children in the school.

"Large city school systems must become more responsive to the views of the community and involve parents in the decision-making processes, but this does not require turning over administration of the schools to a community which does not have the same expertise and resources that the central city administration can gather together . . .

"It is significant that the impetus for decentralizing city school systems has come largely from the demands of low-income communities for a larger voice in educational affairs rather than from the middle-income and high-income communities. This is because our school systems have always been able to be responsive to the concerns of the more affluent parents and it was not necessary to turn over the schools to these parents in the process."

—DR. WILSON RILES

"Why can't the school boards acquaint themselves—or give one person the job of acquainting himself—with what's going on in the inner city? If more did this, they would develop a curriculum that would be effective and relevant."

—PARTICIPANT

"Parental involvement in the educational process is minimal whether we refer to regular education or special education. This wasted natural resource is of even greater importance when we consider the disadvantaged child or the child who functions at a sub-normal level."

—PARTICIPANT

"The schools cannot do the job alone. The parents cannot do the job alone. We must work together."

—PARTICIPANT

"Personally, I think this is unfortunate, but most of the people I know are giving up on the concept of integration and are talking about something else: Community control.

"There is an assumption that community control and effective education are the same. There is a statement that any change might make it better. I am not sure that this is true. I am certainly for change but I am for change that is going to make more effective education for children. I want to see us divide the concept of power from the concept of effective education.

"One thing is power. Who is going to do what? Who is going to control? That's one concept. Another is: How do you make education more effective? That's another concept. And they are not necessarily the same.

"Real control comes with the purse strings—including the power to levy taxes and allocate the resources. Most decentralization proposals retain this power in the school board, which would determine how much each community district would receive, although the community board can determine the spending of its own share."

—DR. WILSON RILES

"Although group effort is invaluable, we should have our differences among groups. We can often penalize the smaller group by the influence of the larger group. In several of the proposals it would be very easy to influence a program for the Mexican-Americans by a program designed for the blacks, giving the impression that we have many common problems. I think we have one big common problem: Poverty."

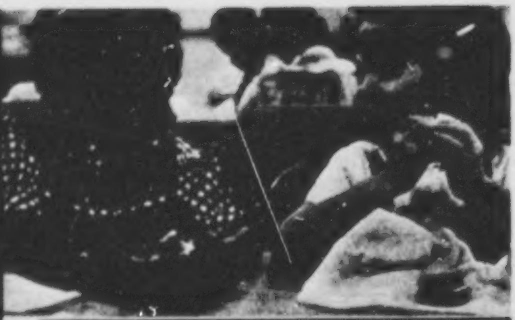
—PARTICIPANT

[illegible]

Members of the group and I departed on an emotional high, with general consensus that this was one of the most satisfying and rewarding conferences ever attended - particularly since I came with such skepticism.

We departed fatigued but definitely happy having made a contribution to not only an invaluable conference but hopefully to a germinating seed that may begin to resolve some of the problems of mental retardation and disability and equally if not more important, begin to fill in the bodies of water that separate different groups with human love, understanding, respect and brotherhood.

The [illegible] is [illegible] the gap between the poles regardless of the [illegible] is too great. But we have the know-how, we [illegible] we have the [illegible] [illegible] of nation [illegible] the dual [illegible] and satisfaction as he moves to the fulfillment of his potential [illegible] not [illegible]



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PRESIDENT'S COMMITTEE ON MENTAL RETARDATION
WASHINGTON, D.C. 20201

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The President's Committee on Mental Retardation

The Committee is composed of 21 citizen members and 3 ex-officio members appointed by the President of the United States. . . .

. . . to advise him on what is being done for the mentally retarded;

. . . to recommend Federal action where needed;

. . . to promote coordination and cooperation among public and private agencies;

. . . to stimulate individual and group action;

. . . and to promote public understanding of the mentally retarded.

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*Term expired October 14, 1969

CONFERENCE ON PLACEMENT OF CHILDREN IN SPECIAL EDUCATION PROGRAMS FOR THE MENTALLY RETARDED

A
VERY
SPECIAL
CHILD

PHOTO CREDITS
Paul Conklin
Clyde Archibeque
(a special education student)

COVER ART

Left: Indian tribal mask by Wilford Nasevaema, 17, Hopi Indian student in the 8th grade, special education, at Phoenix Indian High School. He is from Hotevilla on First Mesa, Arizona. According to his teacher, he "functions well within the Hopi culture and is already an outstanding Kachina maker."

Top right: Self-portrait by Mark Vaughn, Black, 10, in grade 4, Public School 28, 155th & Amsterdam Ave., New York City. Painted especially for this publication.

Lower right: Self-portrait by an 11-year-old Mexican-American girl in California, who was in a special education program and transferred to regular class in junior high school.

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The series of isolated quotes in this publication are from the voices of children in EMR classes. They are taken from the film "They Call Me Names," and are used with permission of the producer, James Stanfield, Department of Special Education, University of Southern California, Los Angeles.

Sponsored by
The President's Committee on Mental Retardation
Bureau of Education for the Handicapped
The Council for Exceptional Children

From March 7 through March 10, 1971, over 100 people gathered at Monte Corona Conference Center at Lake Arrowhead, California, in the mile-high school district known as "The Rim of the World."

As laymen and professionals, we met to discuss the placement of children in special education programs for the mentally retarded.

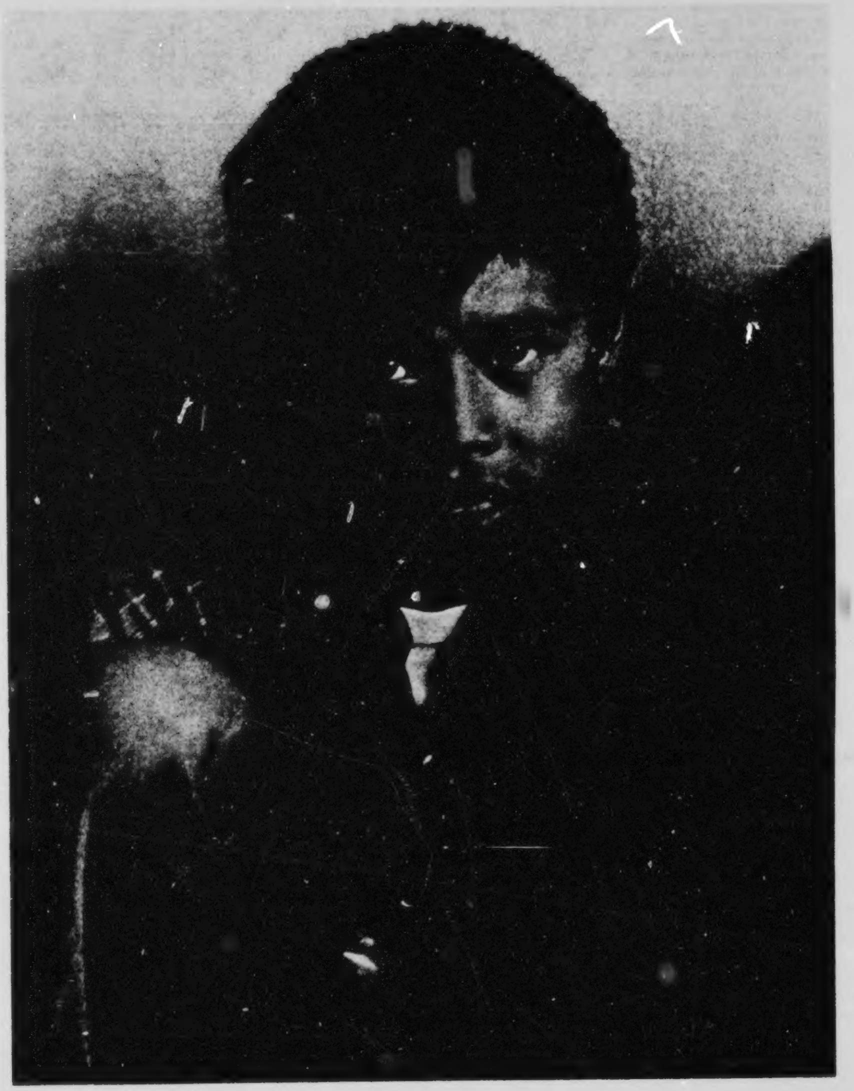
All of the professionals had some stake in the education, testing, evaluation, and labeling of children in the public school system. They might have been expected to protect their professional investment in perpetuating the system as it now exists. Instead, they chose to advocate for the child—particularly the minority group child.

And so, in keeping with the spirit of the conference, this report offers the voices of the children themselves, as well as their advocates. They speak through their quotes, photos and art work, which together form a plea for recognition as individuals, each with an inviolable right to be accepted as a unique person. Do not fold, spindle, or mutilate.

The photographs are simply pictures of children who are from minority groups, including the poor. As such, they are vulnerable.

Each piece of art is a unique expression of the child's individuality, cultural pride, aspirations, or despair. Some of the art was done by children in special education classes; most by children in regular classes. Each is an individual with something to say. The message: All education should be special education. Because each child is A Very Special Child.

The Hon. Clair W. Burgener
Vice Chairman, PCMR
Member, California Senate



We wish to thank the cosponsors of the conference, The Council for Exceptional Children and the Bureau of Education for the Handicapped, Office of Education, for their unfailing cooperation. Their professional guidance and personal interest eased the way through many difficult moments.

A number of individuals throughout the country searched for children's art to illustrate this publication. We are grateful to them all, but in particular to Dr. Louis Bransford of the University of New Mexico (who hand-carried a large portfolio of paintings and photos from Albuquerque to D.C.); Morris Grant of the Urban League; Dr. Jane Mercer of the University of Southern California at Riverside; and Clayton Lorenzen, Superintendent of the Valley of the Sun School at Phoenix.

Our special gratitude goes to the children whose art appears in this report, and to their teachers who gave their students the freedom to express themselves in so personal a manner. They are Mrs. Bette Claytor of PS 28, New York City; Mrs. Irene Mayson of IS 201, New York City; Mrs. Gail Ora Sharp, Special Education, Phoenix Indian School, Phoenix, Arizona.

The design for *A Very Special Child* was done by Andrew Molnar, Executive Art Director of Ceco Publishing Co., Detroit, the same skilled artist who produced the design for *The Six-Hour Retarded Child*.

To the conference leaders and participants, may we anticipate the appreciation of all the children whose lives will certainly be influenced, and, we hope, greatly improved by your efforts. From them to you, a heartfelt thanks.

Joseph H. Douglass

Joseph H. Douglass, Ph.D.
Executive Director, PCMR

PRESIDENT'S COMMITTEE ON MENTAL RETARDATION

One of the major recommendations to come out of the 1969 Conference on Problems of Education of Children in the Inner City was one calling for a reexamination of the present system of intelligence testing and classification.

The President's Committee on Mental Retardation, the Bureau of Education for the Handicapped, and The Council for Exceptional Children decided to sponsor a conference on the subject.

How valid is the evaluation, the testing, the placement process, the use of instruments to place children? What are the social implications of placement? What are the legal implications? These are the questions we wanted to consider.

We assigned experts on these subjects to do position papers. Dr. George W. Albee, immediate past President of the American Psychological Association, wrote on "The Evaluation, Judgment, Placement Process"; Dr. Oliver L. Hurley, Director, Programs in Mental Retardation, Yeshiva University, on "Special Education in the Inner City: The Social Implications of Placement"; Frederick J. Weintraub, Assistant Executive Secretary, The Council for Exceptional Children, on "Recent Influences of Law on the Identity and Placement of Children in Programs for the Mentally Retarded."

The problem of labeling and testing children must be considered in terms of the total school system or the total community, as well as the individual child.

The participants did just that. I hope their recommendations effect the changes that are so very necessary to the whole educational system.

Leo F. Cain, Ph.D.
Conference Director

THE CONFERENCE

The first day of the meeting was a day of listening to conference leaders, authors of position papers who presented a precis of their papers, and responders to those statements.*

The second day was given to intensive exploration of the issues presented as well as new issues raised, with participants divided into study groups.

Chairmen and recorders of the seven study groups reported on their deliberations to the plenary session held on the third day. A distillation of their reports and suggestions formed the final recommendations which start on page 19.

Excerpts from the first day's talks follow.

DR. LEO CAIN
Conference Director

In August of 1969, the President's Committee on Mental Retardation and the Bureau of Education for the Handicapped sponsored a conference on Problems of the Education of Children in the Inner City. Interest in holding the conference stemmed from the fact that a large number of children, particularly in the inner city, score low enough on intelligence tests to be classified as retarded.

A number of recommendations came forth from that conference relating to early childhood education, the relation of the family to education, improvement of teachers, the labeling and classification of children, and the whole problem of school responsibility and community participation.

One of the major recommendations was for a more thorough study of the issues of testing and classification of children. Throughout the conference, this came up over and over again as a problem. I want to quote from the report *The Six-Hour Retarded Child*—to give you some of the flavor of the thinking there.

Dr. Wilson Riles, who attended the conference, and now is the California State Superintendent of Public Instruction, said, "If the child, black or white or brown, is not very tidy, clothes a little tattered, or if he is inarticulate in the English language, many teachers' first reaction is that the child may be mentally retarded."

Dr. James Allen, who was then the United States Commissioner of Education, said, "It is possible that the term 'mental retardation' is no longer of any value to an educator. Do we need to find a new concept of education for children with special needs? One which does not carry with it the meaning that is threatening to parents and detrimental to children?"

And then a participant said, "The assessment of all children should include an assessment of the child's behavior in the home and in his neighborhood, when adaptive behavior is not consonant with the test scores. The child should not be labeled mentally retarded; however, placement in a special class may be needed."

This conference is a direct result of the recommendation to examine these issues.

SENATOR CLAIR BURGENER
Vice Chairman, PCMR

I introduced a bill in the California Legislature about a year ago, which said: (1) Schools must test children in a language they can understand, their native language; and (2) it said that if they scored higher than two standard deviations below the norm on an I.Q. test they could not be placed in a class for the educable mentally retarded. With some controversy the bill passed and was signed into law by the Governor.

Then the parents began to ask, "Why did you take my child out of the special education class?" That was hard to answer.

I finally realized that a Chicano child who tested 75 on one of these tests may be really bright. And a child from my middle class white neighborhood who tested 75 may be truly retarded.

A young Mexican-American boy visited me in my office recently. He told me that he came over from Mexico, into Texas, went to school, got some kind of test or something he didn't understand anything about, and was terribly confused.

So he was put in a class for the mentally retarded. He stayed in it for years. He was "trapped."

Finally, he managed to escape. Now, he is going to college. He is a very bright young man. In special education classes he had learned metal shop and drawing and nature

I don't think it's fair to call people retarded just because they have a little trouble learning at school.

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* The complete position papers have been published separately. They are available from the President's Committee on Mental Retardation, Washington, D.C. 20201.

study, but he hadn't learned reading and writing and arithmetic. He was very uptight about it.

I also had the distraught mother of an Anglo-Saxon, truly retarded young man in my office. She wanted to know why I wanted to take him out of class. She knew that if he didn't get in the special class, he would drop out of school. He couldn't make it in the regular class.

Both of them have very valid complaints and very real stories. And you are here to help solve that problem!

I introduced a corrective bill in early 1971 to permit putting a child in a special class for the mentally retarded, under special conditions, even though his I.Q. measured higher than two standard deviations below the mean. It requires family conferences. All the notices the family get must be in language the family can understand. There have to be investigations with the family, and there must be unanimous consent of the admissions committee, which includes a social worker, psychologist, administrator, teacher of the student, et cetera. The child's adaptive behavior in his home and community becomes a vital factor.

Also, if the ethnic percentage in special classes exceeds 15 percent of what one would expect from the ethnic balance in that district, an explanation in writing has to be given to the Department of Education. The bill says they can still be placed there, but there has to be a very good reason.

So, it is no cure-all. It may be a temporary stop-gap solution in our state. I hope it works. I hope it will allow youngsters to attend a special class if they will do better there. Maybe we will go through some kind of evolution where the regular classroom will become sophisticated and innovative enough to educate *all* children. But that may be a long way off.

Normalization? True integration? Belonging? These children *want* and *need* to belong. They want to be part of the action. They want to be full fledged members of society, like you and me. They want to feel important, like you and I think we are. That is all they want. And I think we have come a long way—I hope—from where too many school superintendents said, "Let's put these not-so-bright kids back here with the not-so-bright teacher, in this not-too-well-lighted room, so that they won't trouble us any more."

But I really believe now that some of the very best teachers are going into special education. We need to give them status and recognition. If anyone ever needed the best teacher that society could produce, it is the youngster with problems—they need the best teacher, the most dedicated, the best trained, the best paid.

So, what do you people have in common? You will differ among yourselves, markedly and strongly, perhaps. But where you won't differ is in your unquestioned love for the child who is different, who cries out in a voice that is inaudible to most, but you have ears trained to listen, and a heart to match.

The true value of a human being does not equate with intelligence, with physical perfection, or with behavior that gives no problems. The true value is in being here in the first place.

Good luck to all of us.

DR. BRUCE BALOW

Bureau of Education for the Handicapped

What you do in these several days may have a very profound effect on the education of children. I don't say just mentally retarded children. I believe firmly that what occurs here in the way of recommendations for change will affect greatly the education of all children.

There is every indication that present practices in testing and placement transgress on children. These transgressions begin with the assumptions on which intelligence testing, labeling, and placement decisions are based, and continue through the organization, administration, and operation of programs for children.

If the dominant philosophy and practices of the past 50 years are significantly changed, the fallout from these changes will affect all teachers, administrators, the organization and administrative structures of schools, and the colleges that are doing the preparation of teachers. It will surely have an impact on legislation and it will obviously—and, we hope, early—influence the decisions that are made in the supporting organizations, such as the Bureau of Education for the Handicapped.

Every link in the total system of service to children will be influenced by these recommendations.

DR. SAMUEL ASHCROFT

President, CEC

I am pleased to welcome you on behalf of the 38,000 members, officers, and staff of The Council for Exceptional Children, and to join with the President's Committee and the Bureau of Education for the Handicapped in the sponsorship of this conference.

I would like to describe some of the vital activities in which CEC is now involved. Many are directed to the same problems and issues we are discussing at this conference. CEC has embarked on a task of information dissemination, collation, and translation—and the translation of this research into practice. For this purpose we have an extensive Information Center which serves as the clearinghouse on exceptional child information for the Educational Resources Information Center Network.

One of the activities for 1970 resulted in the publication *Dimensions.* For this endeavor, we adapted the grapevine technique. Through this, the crucial areas were assessed; mavericks and innovators in the field were identified. The grapevine approach is predicated on the notion that a small, select group of professionals initiate and generate the most important and current activities and developments in a particular area. By tapping into the existing grapevine, the most relevant information can be made available very rapidly.

Another exciting development was the authorization by the CEC Executive Committee of the continuing work of the governmental relations unit at the Council. We are very pleased with the opportunity to provide leadership in the area of legal aspects of educating handicapped children—which we hope will promote a significant force as an advocate of children's rights.

I think The Council for Exceptional Children can be influential. It can be responsive. More than 2 years ago at our Denver convention, we were challenged to come up with a more educationally relevant way of identifying children. In this and other areas, we have had an impact in the past—especially through the Policies Statement Commission—and I think we can have an even greater impact in the future.

DR. GEORGE ALBEE
Past President, American Psychological Association

The main point to be emphasized about intelligence tests is that psychologists and other persons engaged in testing take a small sample of behavior and then attempt to predict larger units of behavior.

Psychological measurements differ from more exact measurements in a number of ways. For one thing, there is no zero point. We can't measure zero intelligence or zero honesty or zero anything in psychology.

And so we have to measure deviations from the average. This, inevitably, leads us into an examination and study of properties of deviations from average, and so we have to talk about the normal curve and standard deviation.

Underlying the measure of intelligence—or any other human ability—and measuring deviations from average, there is a considerable amount of evidence that these characteristics are distributed in what mathematicians call a normal curve.

If every member of the whole human race had exactly the same type of developmental experience, and if we had perfect measures of intelligence, then we would find that intelligence was distributed in the familiar, bell-shaped Gaussian curve, and that that is continuous.

Whatever classification we impose on this distribution is our arbitrary choice, and it is not evidenced from the data.

One of our major tasks is to think in terms of continuing distribution, rather than classification.

In the whole area of mental retardation or mental deficiency, there are really two groups of whom we really need to think separately. And here I am categorizing. One is the very large number of children representing, perhaps, two percent of the population, who have a kind of mental deficiency based on normal polygenic inheritance. These are normally slow children who fall below the average intelligence of the population.

It is this group that psychologists have identified, even in testing middle-class children, for whom tests are appropriate.

But then there is a second, and proportionately larger group, who are pseudo-retarded. These are the "Six-Hour Retarded Children."

Our tests are saturated with middle class components, and they simply are not appropriate or legitimate for measuring the basic intellectual power of children in the pseudo-retarded group. Tests are used to take a narrow sample of behavior which has predictive validity for school achievement. Our schools have emphasized and overemphasized the kind of behavior which is adaptive to a society saturated with the values of a production oriented industrial nation.

There are different kinds of intelligence. There is no question about this fact. And these different kinds of intelligence are adaptive in different environments, just as behavior is adaptive in different environments.

Tests are clearly imperfect measures because the behavior of the person being tested is influenced by his motivation, by his willingness to cooperate, by his interest in doing well.

But behavior is also, as we know from endless studies, influenced by the examiner. All sorts of subtle clues, positive encouragement, rejection, attitudes of both the examiner and the subject being tested, influence the results.

From their very earliest conception, intelligence tests have been used to predict academic achievement in school and success. If we make the school curriculum more relevant to social and human problems, to the real problems of living, then tests will have to change in order to predict success in this changed curriculum.

We can try to change children to fit the system. Or we can try to broaden the system to fit the children.

MISS CAROLYN NESBITT
National Association of Social Workers

For a middle class, white American, success is kind of guaranteed, while the adaptive behavior that minority group people have to achieve to survive is more demanding.

Over 50 percent of all children in New York City in 1960-62, I believe it was, who were diagnosed as mentally retarded were on public welfare, were ethnic minority, and moved around quite a bit.

They call me names.

When I was on the faculty at Columbia University School of Social Work, working with students who were placed in an inner city school district, I found that the longer a child stays in the school system, the farther he falls behind and the more likely he is to be retarded.

We don't have many alternatives to the public school system. I think we have to live with it and improve it. And if we don't do something to make it better, time will do something to make it worse.

MR. CARLOS LOPEZ
Pajaro Valley Unified School Dist., Calif.

Are the questions in the tests answered on the basis of intelligence or on the basis of some cultural component?

For example, one question:
What is the thing to do if your mother sent you to buy a loaf of bread and the grocer says he has none?

Should we accept the following answer, which is becoming more and more common? I suspect the kids are having fun at it.

They say, "I bring back tortillas."

There are at least three types of Mexican or Mexican-American children in our school systems.

One, the child who recently arrived from Mexico, with no English and relatively little except the home-type of Spanish language proficiency.

Two, the child recently arrived from Mexico with no English, but with some formal Spanish language proficiency.

And the vast majority of our children are Mexican-American children who have marginal proficiency in either language.

Can you imagine yourselves being professional in giving the vocabulary words, but not being able to know what the child is saying in Spanish, because you are monolingual or marginally Spanish speaking?

DR. JANE MERCER
University of California, Riverside

Over a period of eight years, I directed a study of mental retardation in the city of Riverside, California. One of the most clear cut findings to emerge from the study was the occurrence of four to five times more Mexican-American children in special education classes than one would expect from their proportion in the population, and two or three times the number of Black children than one would expect. Consequently, there was a great overrepresentation of both Mexican-American and Black children in special education classes.

It became clear very early in our study that the crux of the problem was in the clinical perspective itself and in the kinds of instruments used to elevate children. With this in mind, we looked to other predictive variables besides school achievement. We looked to the person's social role performance outside of school, and developed a scale, which we called an adaptive behavior scale, to measure social role performance in normal developmental situations. We found that Anglos with I.Q.'s of below 69, in general, were also failing in adaptive behavior in their social roles. But this was not true of persons from Mexican-American or Negro backgrounds.

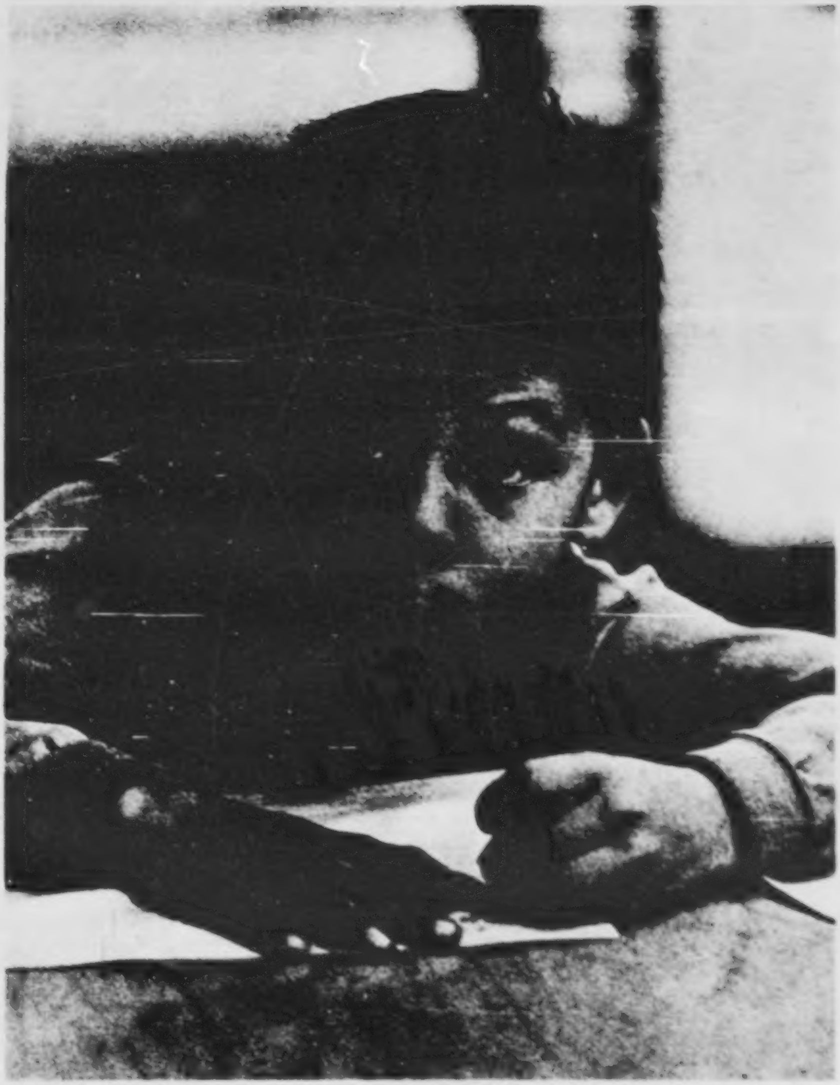
We also found that we could predict 25 percent of the variance in I.Q. simply by knowing the cultural setting from which the person came—a very large percent of the variance, enough to account for all the differences which have systematically been found between different cultural groups. In other words, we could eliminate the cultural differences—eliminate differences in I.Q.—by taking the sociocultural characteristics of the person into account at the time of diagnosis.

It is essential in diagnosing mental retardation that social-cultural characteristics and adaptive behavior be systematically taken into account, and that a person be evaluated on his social role performance in nonacademic settings, as well as in academic settings, before a comprehensive decision is made.

I would like to read to you excerpts from a statement from the mother of a 14 year old Black child who had been in special education since he was eight years old.

> *"Donald mows the lawn. He keeps his room clean. He takes out the trash, and is a very dependable person.*
>
> *"He likes music and dances and is well coordinated. He is good at mechanical things, takes bikes apart and remodels them. He is interested in tailoring and is good at it—*

I have trouble learning . . . and some other things. That doesn't mean I'm retarded.



anything to help other people.

"We were not told about the special education. The people from the school said that Donald needed help in reading, and if he was put in special classes, he would be able to get better help; that is, the class would be smaller. A man from the school got us to sign for Don to go into special education.

"Don is being retarded in special education.

"He doesn't like being labeled as retarded. It is affecting him. He begs us to have him removed from that class. What they do is very repetitious—the same thing over and over. If they don't do something for Don, he is going to be a dropout. He is very unhappy there. We have to make him go. The only reason he consents to go is because we have promised that he will be taken out of the EMR class.

"The teachers have asked us to let them put another one of our kids in EMR. We said no.

"Because now we know what it is all about."

DR. OLIVER HURLEY

Yeshiva University

There was a young boy from Harlem who knew the alphabet by the age of four, and could read after the first grade. While he was not the brightest boy in the class, he was always in the top track. In those days they used to track kids.

When he was in the seventh grade, his family moved to Brooklyn, where he went to a parochial school and was completely lost. They were talking about grammar, parsing of sentences, about nouns, and adjectives and adverbs. In math, they were beginning algebra. He was not prepared for anything like this.

Later checking, he found out that the public schools in that particular area were also covering the same material. In a quarter of a year, this young man caught up and, by the end of the eighth grade, he had caught up well enough to get a high school academic scholarship.

The question: If he had stayed in Harlem, how would he have passed a test to go on to the high school he attended?

I know this is a true story, because it happened to me. I was lucky. But where are all those boys and girls who were smarter than I am?

This is the process by which our kids are handicapped by the school system, by people's judgments, prejudgments, obviously.

Labels serve to prescribe a physical, psychological, and cognitive response to an out-group. They help to identify that out-group. Thus, the prejudiced teacher fails to teach even an exceptionally bright, Black child or the poor, dirty kid who may be smart.

I think the success of our street academics attests to the fact that we need to look into the system itself and stop looking so much at the kids and blaming them for their failures.

The social implications of labeling and placement of children in special education is, in a word, that it has served to maintain the status quo. It has stopped us from searching for new avenues of instruction. It has provided a realization of our failure, and has been a smoke screen behind which we could hide.

How then do we tackle the problem of institutional racism in our schools? What do we do about recognizing the potentials of our children now left wasted and untapped? The most obvious, but alas, I feel, too idealistic an answer is to eliminate racial and class prejudice.

Two years ago, I would have opted for this approach. After two years in the street, I am not so sure any more. Nevertheless, we can encourage the development of the concept of teacher accountability and its operationalization, see that the standards are applied to each and every school, that teachers not equipped to teach in the majority schools, do not teach in our minority schools.

A friend of mine is running a project in the Bronx, in a ghetto inner city school, using programmed instructional materials, operant techniques, and individual prescriptions. He is working with 14 classes of children, on first and second grade level.

Preliminary results show that, out of those 300 to 350 children, there are only three that they have not been able to reach. Three children, a percentage of one percent, or less. At the present time these children are functioning at a level higher than those in the same grades in the surrounding suburban areas in school systems which are reputed to have high scholastic standards.

I have a little difficulty understooding English. That doesn't mean I'm retarded.

If his results hold up and if we can generalize his approach, we don't need sessions like this.

Lastly, we must recognize the relationships among health, nutrition, and poverty and intellectual functioning.

Billingsley points out that the illusions of white superiority includes a number of sub-illusions, which he says are deeply ingrained in the American collective unconscious.

These are the illusions of stability, the illusions of excellence, the illusions of wisdom, of morality, normality, beauty, and power.

Now, unless these illusions are brought to the collective conscious and exorcised, the labeling and placement process will continue to imply the oppression of people and the maintenance of a surplus population.

MR. MORRIS L. GRANT
Project STAR, The Urban League

Placement in special education classes really, for Blacks and Browns, has little social implication. My contention is that Blacks and Browns who were placed in special education classes go back to their environment, and they function.

The payoff comes when they become disappearing retardates. They are out of the school system, and they are no longer considered retardates. But then, all the other systems grab hold of them—the economic system, the political system, the religious system, social services system, and education system.

But it is not because they have been labeled retarded, because whether they have had that label or not, our society responds the same way, and that is, Black first. It might surprise you that I was in a special class in elementary school, but that doesn't follow me. What follows me is that I am Black.

I have been talking about institutionalized white racism for two years now, and nothing has happened. And I don't think things are going to happen until individuals begin to see themselves as change agents, in the institutions in which they work.

I'm in special class because I need help on something. That doesn't mean I'm off my button.

DR. LOUIS A. BRANSFORD
University of New Mexico

Let me mention a list of problems that are identified with labels.

First, the tendency to stereotype, which obviously is prejudicial to the interests of individuals.

Second, labels become stigmatic.

Third, people who work with exceptional children may associate low I.Q.'s or labels with negative expectations, which then have implications for curriculum.

Fourth, the assumption made between the categorical classifications and educational classifications; for example, allowing the label itself to dictate curriculum—you are mentally retarded, so you get this curriculum; you are emotionally disturbed, so you get this curriculum.

When we utilize group data and then draw inferences to individuals, even the premise is questionable, without even considering the end results. And another point to consider with labels is that the funding patterns, as determined by legislature, perpetuate labels.

Our changing training programs must be modified to reflect the social climate to include, as an integral part of the curriculum, aspects of the community, poverty life styles, ethnic differences, cultural differences.

Unfortunately, we continue to interpret the problems of the culturally different as being a concomitant of mental retardation, rather than mental retardation being a primary concomitant of certain cultural differences.

MRS. ELIZABETH SCHROEDER
Community Representative

What a child learns at school is mostly correlated with his family's socioeconomic status and not with teaching as it is done in the schools.

This Nation must, and will, with the aid of our professionals, and dedicated parents, combined with Government, find new ways to elevate all of its population to self-respect, dignity, and meaningful lives.

MR. FRED WEINTRAUB
The Council for Exceptional Children

Law must now be the means of achieving equal justice, rather than the means of preventing people from having equal justice.

If this great test of democracy fails, if we cannot turn to the law for equal treatment for justice, then there is nothing left but anarchy.

It has been said, "If you are not part of the solution, then you are part of the problem." Perhaps the main question before us is: if you are the problem, can you be part of the solution? Perhaps the first step in solving the problems that we are dealing with today is for us to stand up and say, "I am guilty."

I was a teacher. I was an administrator. And I have done a great deal to perpetuate the laws of this land that support the inequality that we talk about. And so, I am guilty.

When I was in the ninth grade, I went through the process of being tested. A good guidance counselor gave me all the good tests, at which point, she suggested to my parents—of course, she never talked to me about it—that I would never hack it in an academic program and I would never be able to go to college. It would probably be best if I learned a trade.

My mother hired another psychologist to do another test, and that result conflicted with the school's result, and I was allowed to enter into an academic program. But I wonder, how many others met another fate?

So, I guess the question that I say to you and as I think today, I probably would have tried to say to that guidance counselor is, "Who gives you the right to control my humanity?"

We in special education have used law like a Sword of Damocles. We have used it to force our way into the system, without realizing that perhaps every sword has a second edge. In our zeal to help, we have put ourselves in the position of being the guardians of the child, the protectors of the incompetent, without ever asking the children or their parents if they want us to assume that role.

Perhaps one of the great experiences in life is to fail. There is a difference between being able to fail and having repeated failure or having failure end up in disgrace.

But isn't it great to be able to try to run the four-minute mile and learn that you perhaps can't? How do we get to know about ourselves unless we have a chance to try ourselves against the system?

It would seem to me that one of the big questions that is not yet before the Courts, but I would predict, some day will be before the Courts, is the question of the degree to which we, or any other profession, have the right to intervene in the life space of a human being.

If we broadly interpret *Lake v. Cameron*[1] the burden of responsibility is on our shoulders, not on the child's shoulders. It will be on our shoulders to prove that what we have done is appropriate, not on the child's shoulder to disprove it. It is a very new concept in law.

I don't think testing is really the legal issue. We are talking about discrimination. There is a recent study of one community that indicates that the majority of black kids who tested between 50 and 70 went into special classes, and the minority of white kids that tested between 50 and 70 went into special classes. So, it wasn't solely the tests; there was actual direct discrimination in the placement procedure.

Special education administrators can't just point the finger and say, "See, the problem belongs to the psychologists." The problem also belongs to the educator and I think we are going to have to look very carefully at that.

It is important for us to realize that we cannot and do not exist in isolation from the rest of the society that we live in. Decisions are made regarding our children that continually confound us.

Our thought processes are directed toward teaching, and we fail to see the economic, social, political aspects of education.

Who will speak for the child? Where will we, as professionals, as parents, and others, stand on the question of advocacy? Until we can become true advocates for all children, we will fail.

The Courts are not going to tell us what to do. The Courts will tell us what we can't do. If change is going to occur, we are going to have to change. For, unless we do, we will be changed. Not by the Courts, but by the people in the communities, the parents, the children, and the others who are not satisfied with what we are doing.

MR. DENNIS HAGGERTY
PCMR Legal Consultant

In a specific reaction to Mr. Weintraub's paper, I don't share his pessimism on the Court's future role.

Notwithstanding the admonishment of the Court in *Hobson v. Hansen*[2] that the education enterprise clean its own house for fear of the Court acting in areas alien to its expertise or that "judicial prestige will be committed to ineffective solutions," Courts will have to assume responsibility and the leadership as arbiter in the area of identity and placement of children in special programs for the retarded. It is important to glance at the Court's approach over the last 40 or so years to support the statement that the Court will have to continue to sail in such an "uncharted sea."

Pre-1930 Courts were reluctant to acknowledge the regulatory powers of either the state or the instrumentalities of the state to which it delegated authority; namely, school boards, but during the 1930's and until recently, judicial scrutiny gave way to great judicial deference to administrative and other governmental decision making. Recently, however, the Courts have been swinging back to their initial skepticism and the question arises as to why. Three Why's are suggested:

1. That faith in the process has diminished because of many failures to accomplish goals. In some areas, agencies may tend to destroy the humanity of the group they seek to help.

2. Growing doubts about the ability of public education to perform its function of educating our children, most notably the inability to educate the Black and the poor.

3. Finally, since *Brown v. Board of Education*, [347 U.S. 483, (1954)] Courts have been heavily involved in matters that were thrust upon them in the segregation area and consequently more responsive to other problems of the educational field and students' rights relative thereto.

The American people seem committed to and preoccupied by a determination of their "rights" in all fields, and my only fear is that the same stimulus, namely, an increased base of state legislation requiring recognition of these rights for placement and identification of retarded or providing the financial incentive for the development of such programs, will be the reason for any turnabout.

Poor housing, inadequate incomes, low social status, all of the indicia of ghetto life, are the prime causes for a child's having poor verbal ability and lack of self-identity and a low sense of personal worth, and many of the other psychological blocks which make him incapable of competing in a public school system. A solution aimed at resolving the environmental problems in Negro and culturally deprived children is the more workable one in terms of the needs of society as a whole. The school system is not equipped with the necessary tools to overcome single-handedly the problems of the ghetto.

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[1] *Lake v. Cameron* [364 F. 2d 657]

[2] [269 F. supp. 401 (1967)] The Court ruled that placing of students in various ability groups on the basis of standard aptitude test scores can be a denial of equal protection and hence forbidden by the United States Constitution.

DR. JERRY BATHKE
Navajo Nation

I'd like to tell you a true story, of a Navajo child who came into a Bureau of Indian Affairs school, and then suddenly, was absent for a few days. She came back with black stuff all over her face, and her hair bunched together in very unseemly manner with lard or grease sticking it together, and little pieces of feathers hanging there.

The teacher instructed her to clean up. She refused. So the teacher forcibly washed the child clean.

That day the child went home and never again came back to school. The fact was that the girl had participated in a religious ceremony, a "Sing," as we call them in the Navajo home, for one of her brothers, who was quite sick. As part of the Sing, the participants have to follow a certain ritual, not only during the proceedings but afterwards. She had to wear those paraphernalia for four days and four nights before she was allowed to clean herself. If you interrupt that ritual, you have destroyed the whole Sing, for which people spend great sums of money in the Navajo way.

And, indeed, her brother died two days later.

It is a very true story, many times true. That family and its members have never gone back to school again.

I have seen testing by big city psychologists of a Navajo child, and many children, for that matter. Invariably, they show him those little blocks with the train on them, and the child is supposed to assemble them and put the engine on the front and the caboose on the back. It makes a great deal of sense, especially to children who have never seen a great train. In another test, they show a picture of an umbrella. One boy hadn't the slightest idea what it was called, and they were quick to judge him mentally retarded. But then, in Navajo, we asked him, "Do you know a name for it?" He didn't know, but he said, "I know how some people use it. There is a lady that lives near here, who herds sheep. She is very old, and it is very sunny where she lives. She carries it around in the middle of the day so the sun doesn't shine on her."

He knew perfectly well one way to use such a thing as that.

What does the law say about the misplaced and the unplaced, or the nonplaced?

Now, obviously, to be misplaced is one thing, but to be left out is an entirely different matter in many ways. Inappropriate care is indeed a tragedy, but what words do you use to describe the total absence of care?

DR. DONALD J. STEDMAN
George Peabody College

I hope that we don't engage in faulty reasoning and make a lightning rod of intelligence tests, when, in fact, we have a larger and more pervasive problem inherent in our educational process, integrally related to its many symptoms, namely, the inadequacies of a system that is an expression of the biases of our culture. We have intelligence tests and intervention programs, many of which are prematurely imposed upon the child population in this country. But we need to think about the educational process and the role of special education within it.

Special education can be a system for renewal of all of education, depending on how far we can push it, and have guts enough to stay at it.

John Gardner's notion of a renewal system is that it is an open system. It is open to change; it is open enough to be self-critical. It feels free to change those members of its system who are in it. It is data-based. However, it does not consist of hearts and flowers. It has the ability and willingness to change when it is demonstrated that it needs to change.

This is part of the opportunity.

Special education is a system for renewal, attacking this problem that we have talked about today, and many others. Insofar as the law can be related and can be helpful, the laws are tools to implement what we desire and what we have nerve enough and brilliance enough to construct. The laws should be simple, clearly based on facts, understandable to legislators, to educators, and to anyone who cares to know about them. They should protect everyone they can.

If we do these things, if we deal with the facts and not just assertions, with practical solutions, and not trial and error, then speed and accuracy will result. Then we will have what the law itself refers to as "due process."

Let us get at it.

THE ART

Top: "Black Is . . ." an unfinished title by Darrin Rogers, Black, age 9, grade 4 Public School 28, New York City.

Lower Left: "Island of Puerto Rico" by Roberto Velez, Puerto Rican, age 10, grade 4, P.S. 28, New York City. After a fruitless search for native art by Spanish speaking children attending schools in largely Spanish neighborhoods, the editor asked Roberto if he ever did pictures of Puerto Rico. His eyes sparkled. "You want a picture of Puerto Rico? I will paint you a picture. It will have blue water and green trees and flowers and fruit. Yes, I can do that." Island of Puerto Rico is the result.

Lower right: Self-portrait by Amarilis Ramos, Dominican, age 9, grade 4, P.S. 28, New York City. "I like Santo Domingo because Is a nice place and every house have a yard that you can play then at thanksgiving Day you put all the food in the yard and you can take The table out to the yard," she wrote in an essay accompanying her picture.

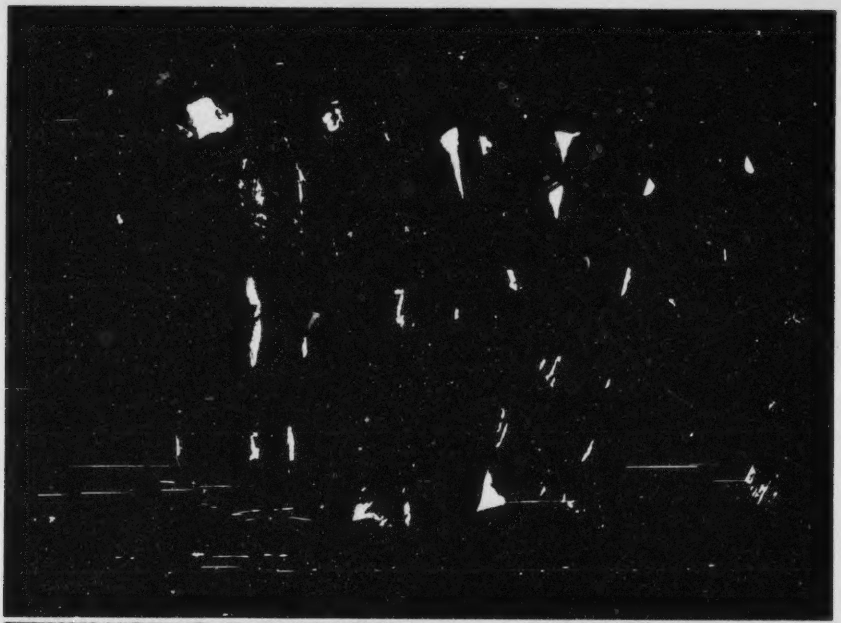
CENTER FOLD

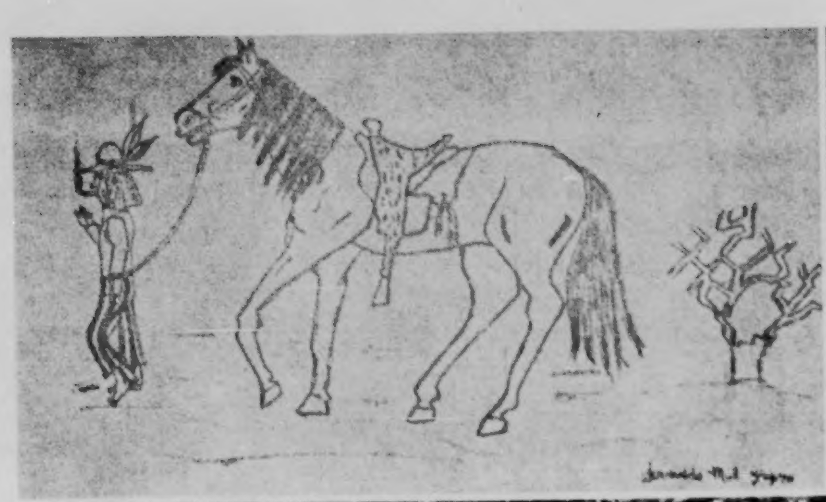
Upper left: "Indian Horse and Man" by Fernando Mull, Apache Indian student in special education at Valley of the Sun School, Phoenix, Arizona.

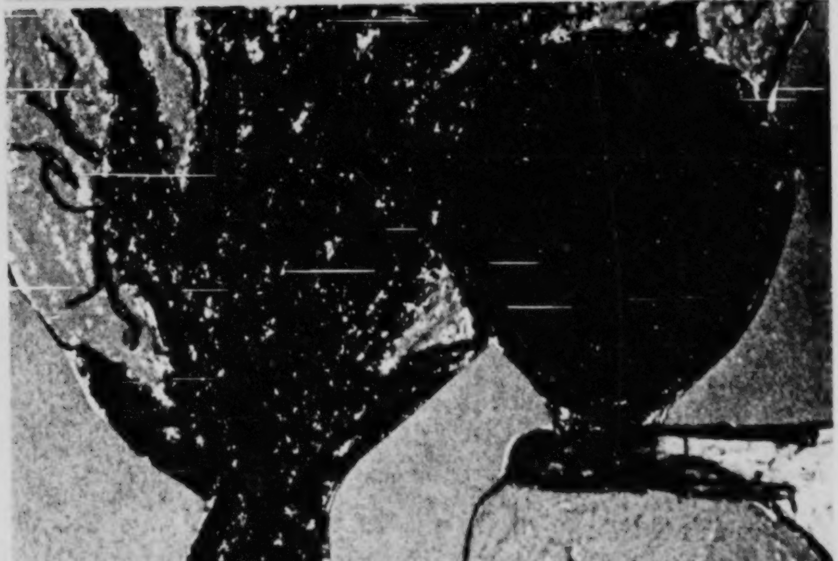
Lower left: "My Mother and Father" by Michael Eatman, Black, age 9, grade 4, P.S. 28, New York City.

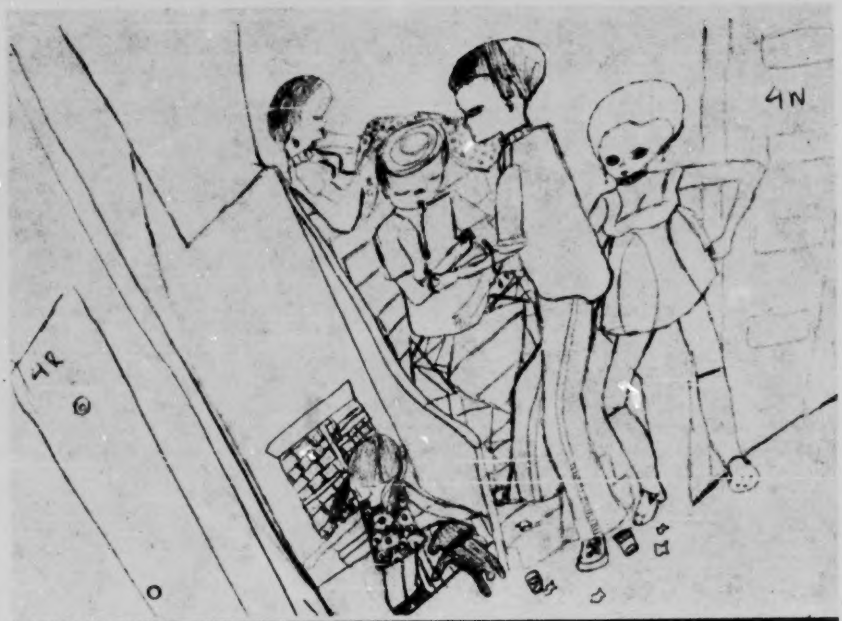
Second from left: African tribal mask by Elba Nuñez, Dominican, age 10, grade 4, P.S. 28, New York City.

Far right: "Deep in the Jungle" by Mark Vaughn, Black, age 10, grade 4, P.S. 28, New York City.





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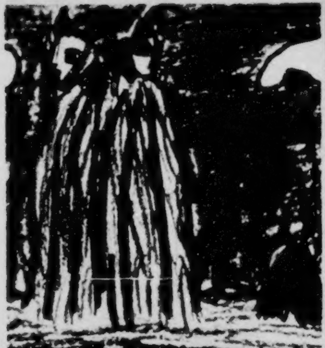

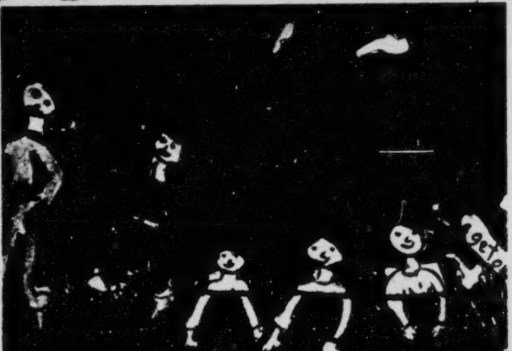
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Top: A very personal drug scene by Terri, Black, age 13, grade 7, Intermediate School 201, East Harlem, New York. This is Terri's home in an East Harlem apartment house. The adults on the stairs are shooting heroin into their veins. Terri and her little dog are going down the steps, because, she explains, "I always go downstairs when they start shooting stuff." She comes to school only on Wednesdays when she has art class, and then draws, in stark black and white, hundreds of pictures, all about drug addicts.

Lower left: A Hallowe'en scene by Gerardo Rivera, Cuban, age 10, grade 4, P.S. 28. Gerardo speaks no English.

Lower right: "A Sit-In" by Roberto Valez, Puerto Rican, age 10, grade 4, P.S. 28, New York City.

The art work from the New York City public schools was done by inner-city children in regular classes.

RECOMMENDATIONS

1 Improve and restructure the current testing, placement, and evaluation process for identifying children as mentally retarded.

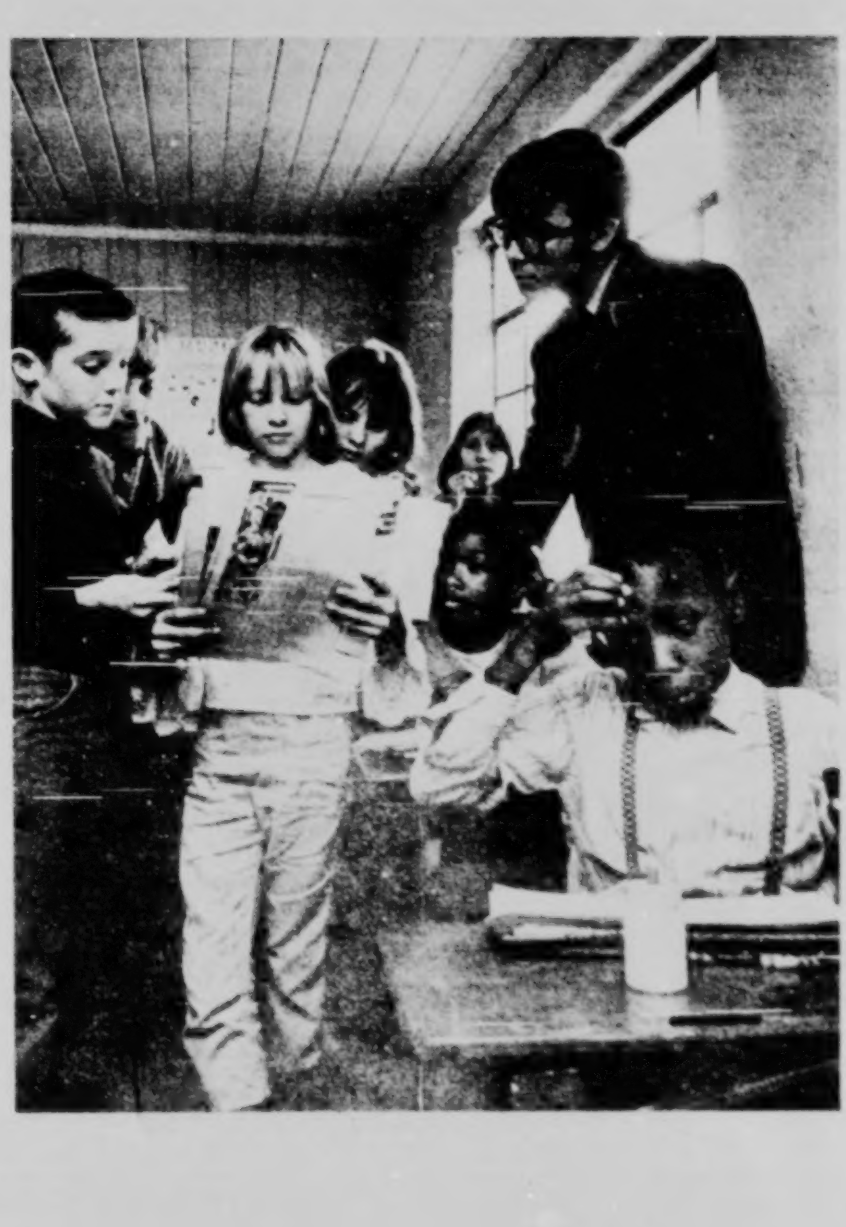
2 Cease labeling children as mentally retarded unless a comprehensive assessment of mental ability, physical health, and adaptive behavior demonstrate a handicap severe enough to justify the designation.

3 Advocate educational justice and freedom for all children through recognition of each child as a unique individual.

4 Sensitize teachers, administrators, school counselors and staff, curriculum developers, and teacher educators to the pervading discrimination against children from social, cultural, ethnic, and economic backgrounds different from the so-called norm.

5 Use the existing legislation, and the Courts, if necessary, to achieve educational justice.

6 Support educational reform through Federal, state and local governmental and private funding.



RECOMMENDATION 1

Improve and restructure the current testing, placement, and evaluation process for identifying children as mentally retarded.

Action and Comment:

Improve measurement of what is called intelligence to move toward sub-culturally based deviation IQ's if IQ's are to continue to be useful, and possibly move toward assessing demonstrated learning ability; toward the measurement of the components of intelligence—the more precise strengths and weaknesses of individual children, which are their educationally significant attributes.

Develop and implement evaluations of retarded children as a multi-disciplinary, continuing process, including the participation of the teacher.

Develop:

- Tests appropriate to language and culture
- Adaptive behavior scales
- Differential norms for various socio-economic combinations

Labeling should be educationally relevant.

Explore alternatives to present testing programs on an experimental basis.

It is the responsibility of general education to root its persons, programs and techniques in the veritable needs of the child. The general educational process is paramount, with special education as an integral part of the total educational environment.

Plan transitional programs for children moving from special education into the regular classroom.

Evaluation and diagnosis needs to be the on-going responsibility of the teacher. This is supplemented by formal diagnostic procedures, when necessary for good educational programming.

The instruments of evaluation and diagnosis must reflect behavioral objectives that are established in the diagnostic teaching approach. The systematic evaluation of the ability of the child to cope with life's problems in non-school settings (i.e., adaptive behavior) must be an integral part of the total diagnosis.

We do not need to know where a child stands in relation to norm, but rather how that child's learning process can be facilitated.

Establish a committee on the handicapped in each school setting to review cases and recommend the most appropriate educational placement for the handicapped child. Members of the commitee should include not only school personnel but interdisciplinary community resources.

The operational definition of MR should be improved in the light of new information about the differential responses by children from culturally different groups. The inclusion of I.Q. etc., as part of the definition should, when appropriate, be accompanied by a statement that the method of intellectual evaluation includes social and cultural considerations of the child in question.

We urge the continued development of integrated training programs for teachers, psychologists, social workers, administrators, and other school personnel to focus on ways of assessing pupils in order to provide individual instruction, on the development of a meaningful assessment of pupil behavior, on the confusion of I.Q. with school aptitude, and on the dangers and potentially damaging effects of labeling children.

RECOMMENDATION 2

Cease labeling children as mentally retarded unless a comprehensive assessment of mental ability, physical health, and adaptive behavior demonstrate a handicap severe enough to justify the designation.

Action and Comment:

Funds should be provided on an urgency basis to develop and standardize an adaptive behavior scale. In the interim, no placement in a special class should be made without some attempt to evaluate adaptive behavior. We recommend the following minimal interim steps:

a. Parental assesment
b. Assessment of child's functioning outside of school
c. Evaluation of child's interaction with peers

An assessment of the child's educational abilities should include:

a. Evaluation of child's strengths and weaknesses via achievement testing
b. Classroom observation
c. Teacher interview

All of which should be designed to

lead to a prescriptive educational program.

For those children for whom we have accepted some advocacy—the children labeled the retarded—we accept that one of the provisions for legitimately identified children may be the special class. All children, however, should have access to the total program of the school.

Recognizing that entrance in special classes often engenders social stigmas, extreme care in identifying and placing children should be undertaken. There must be vigilance to avoid mislabeling and misplacement of socially and economically disadvantaged children.

A complete health evaluation should include medical examination, audiological and visual evaluations, etc.

The process of comprehensive assessment shall include the following:

1. Psychological measures
2. Adaptive behavior
   a. social
   b. cultural
3. Medical examination
4. Educational

This assessment process should include:

1. Interviews with the child, parents, and the child's adult best friend, if any. All interviews shall be conducted in the primary language of the person being interviewed.
2. Available case histories of the child and investigation of their accuracy.
3. Study of the child's adaptive behavior with respect to both the general culture and any subculture of which he is a part.
4. Where the cultural style of the child is markedly or subtly different from the majority culture in which he lives, responsible parents or acknowledged leaders of the subculture should be involved in assisting interpretations of the child's behavior.
5. The right of the parents and their representative to see the file, receive an interpretation of it, and add any information to it before a final assessment is made.
6. Observation of the child in his peer group and of the class or other situation in which he has been operating.
7. Remediation of physical or intellectual problems which might otherwise invalidate the assessment.

The comprehensive assessment process should be viewed as a continuous activity throughout the school years of all retarded children. We perceive this as an indispensable ingredient of the conduct of the child's education.

Early identification and intervention should take place at the earliest possible age.

We urge the establishment of demonstration projects at the local level to show that a continuum of services, including evaluation, placement and appropriate special education, can be designed and implemented to meet local need. These demonstration projects, locally initiated, should utilize the resources of the local education agency, state education agency, universities, medical centers and community groups.

The currently developing nationwide program of child care for preschool aged children should be supported. This should provide a means of facilitating early identification, educational intervention and a continuous evaluation program for children with MR, and developmental problems prior to school entry.

RECOMMENDATION 3

Advocate educational justice and freedom for all children through recognition of each child as a unique individual.

Action and Comment:

We endorse the general advocacy system that the Joint Commission on Mental Health of Children recommends. We also urge the development of a school-based advocacy program composed of parents, community members, and school personnel with a primary responsibility on educational matters but also to attend to other needs of children. As a part of community and parent education, an obligation of the advocacy system is to acquaint parents with their rights. Advocate groups should be tied in with the individual schools, with the responsibility for organization with the local school districts.

Planning and implementation of community partnerships should consider an effective role for students.

Education and educators must identify and be identified with the dignity of human beings and devise ways to teach, practice and demonstrate through action approaches to community involvement.

We suggest that special education techniques and knowledge be made available and used in the whole school system for all students as needed and that a conference be held and methods be devised to implement this recommendation so that each child can be given to the greatest extent possible an education that meets his unique needs.

Education and educators must determine the rights and responsibilities that deal with ethnic

differences involving the community and educational institutions.

Develop a Child Advocacy Team at all levels of government involving everyone with vested interest in children. Implement as follows.

At birth all infants should be registered with the team and educational system.
Child adovcate is assigned to the parent to keep the child's developmental record, serve as liaison person between home, school, social services, medical services.
The advocate should have two months of training, should be an indigenous person living in the community of the families, training should be oriented toward respect for human beings, available community resources, coordination procedures with schools. Community services must be provided and available for all children. Parent's permission for action should be obtained and all records shall be confidential.

RECOMMENDATION 4

Sensitize teachers, administrators, school counselors and staff, curriculum developers, and teacher educators to the pervading discrimination against children from social, cultural, ethnic, and economic backgrounds different from the so-called norm.

Action and Comment:

The training program of all teachers should seek to include the kinds of educational experience that will prepare them to serve the broad spectrum of children's needs.

Administrative procedures implementing manpower training programs should reflect a concern for the quality and nature of such training programs.

In-service training programs need to be early in the training process, integrated, interdisciplinary, and continuing.

There should be reality based curriculum with many different ways to provide for the needs of children.

The placement of the child with unusual needs in the regular classroom may be appropriate provided the environment is adequate to serve the mental, physical and emotional health of the child.

Utilize teacher assistants who are sophisticated in the language, values, and life style of the child.

Meaningful programs must derive from and expand the direct experiences of the child. Included in the curriculum must be a range of approaches necessary to help the individual adjust, adapt, or contribute continuously in a changing society.

It is the responsibility of the schools to generate and encourage community involvement. Citizens can take part in the development of responsive school programs by serving as:

1. advocates
2. volunteers
3. advisers
4. consultants in curriculum development, expanded program services, and need identifications
5. members of a monitoring and accountability system

Plan the meetings around the availability of the people in the community and not according to established school schedules.

Professional organizations and the various responsible governmental agencies should jointly establish codes of ethical behavior for personnel who intervene in the lives of children. Such organizations and agencies should expend the necessary resources to defend such personnel when the educational system prevents them from behaving in an ethical manner, and to censure such personnel when they violate the code of ethics.

Develop professional standards that may be incorporated into the training of personnel.

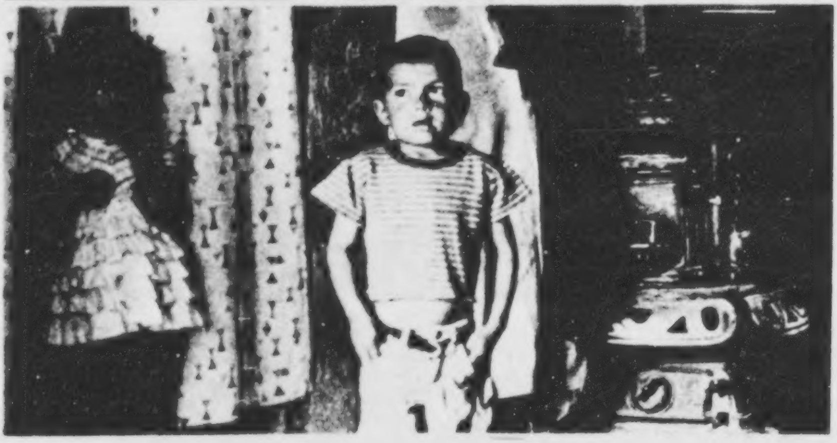
RECOMMENDATION 5

Use the existing legislation, and the Courts, if necessary, to achieve educational justice.

Action and Comment:

We recognize the right of each child to an education. The practice of many states to exempt themselves from meeting this responsibility to the handicapped, deviant, or different child must cease.

We recommend support of Federal legislation currently under consideration, including the National Institute of Education,



National Information and Resource Center for the Handicapped, and the establishment of a system of child advocacy centers which include clearly identified concern for handicapped children.

Where comprehensive assessments are made, procedures for appeal of decisions for placement should be provided without cost to the appellant.

There should be further consideration and re-examination of all language or labels used in the classification, evaluation, or placement of children by legislative, governmental, public or lay bodies, lest such language and labels damage or be conducive to stigmatizing children.

Legal procedures should be created that will permit parents and/or children a judicial remedy and compensation for professional malfeasance.

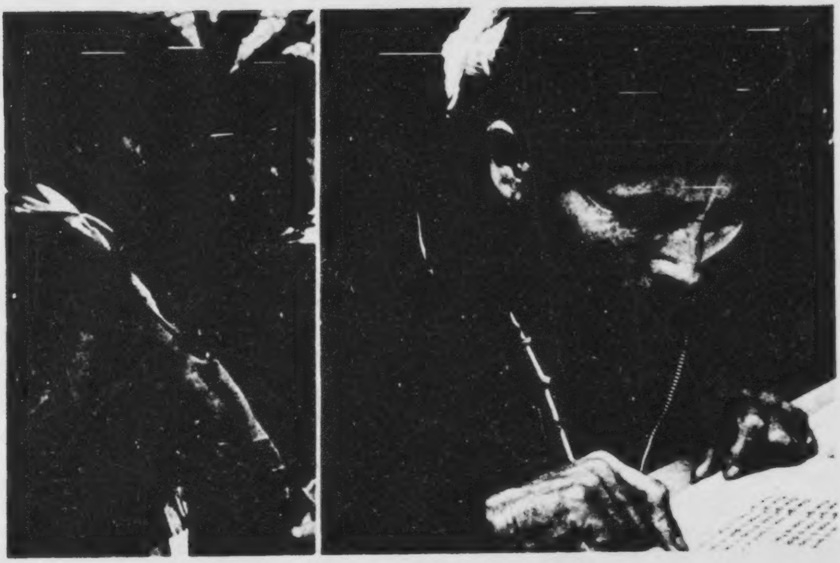
Parents have an expectation that their child will be included within a regular educational program. Any changes from that program require the informed involvement of the parent at every point in the decisional process. This assures the parents' right to access to the data on which the decisions are made and the right of the individual student to due process.

Implementation of existing legislation should reflect a responsiveness to current needs of the local community.

Federal legislation now in effect for the needs of special children, regardless of handicap, deserves full funding. Bills include (but are not limited to):

a. Developmental Disabilities Act of 1970
b. Early Education Assistance Act Extension
c. Education for the Handicapped Act, Title VI, P.L. 91-230
d. Vocational Education Amendments

Further, the handicapped child should not be deprived of the benefits of other legislation funding programs for which he is qualified, exclusive of his handicap (e.g., Title I programs).



RECOMMENDATION 6

Support educational reform through Federal, state, and local governmental and private funding.

Action and Comment:

Monies must be made available to develop, implement, and evaluate various educational models for children with special needs, such as:

a. Performance contracting
b. Non-graded schools
c. Itinerant-resource teachers
d. Learning centers
e. Resource rooms
f. Methods and materials specialists

The basic dollar outlay should be equal for every child. Additional funds may be necessary to supplement the basic expenditures.

In view of new Federal legislation regulating private foundations, attention should be directed toward these potential resources at the local and national levels for funding of programs for MR research, training and direct service.

The methods of evaluation deserve continued study with suitable priority for funding which allows the longitudinal follow up necessary for scientific appraisal of the method under study.

We suggest block funding for special services for learning handicapped children in the form of supplementary education monies. The more handicapped in learning, the more special the services required. School systems must come up with a plan and must be held accountable for providing a variety of special services for all children with special needs.

Legislation with administrative provisions should be passed to enable Federal, state, and local agencies that provide services for children to plan and devise revolutionary and innovative models for delivery of services and development of manpower training programs to implement these services.

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Some "off-the-record" quotes from participants:

"All children should be in special education. All education should be special."

"The standard intelligence tests haven't failed in one very real sense. They quite accurately predict failure of a youngster in our inadequate, irrelevant school system. They just don't happen to measure intelligence."

"We do the same thing to special education teachers as we do to special education children—expect damn little from either."

"Legislation in the past has dealt primarily with the quantity of children and classrooms and not with the quality of programs or human beings."

"We are against special labeling; we are for special help."

"Regular education can't cop out. It has the primary responsibility. Every regular teacher should have some training in the handicapped before certification."

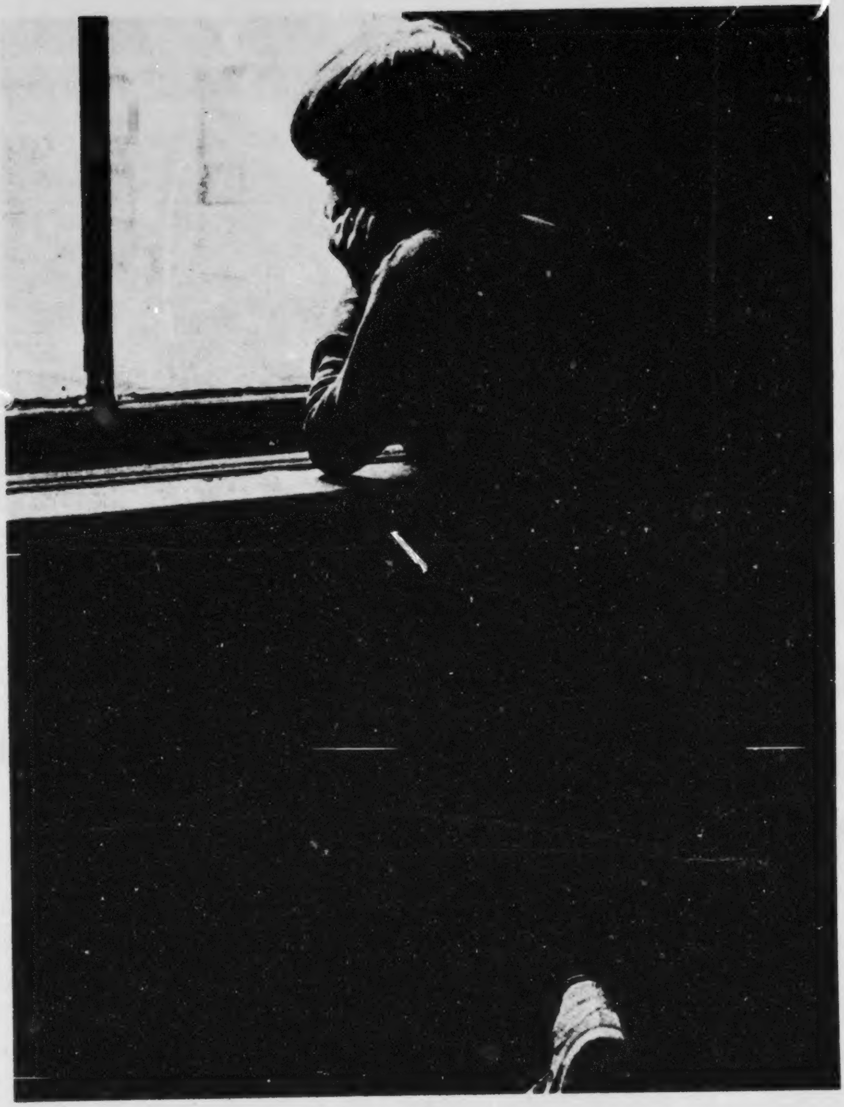
"The American educational system has not gone into the ghetto and the barrios and the reservations and come out with an educational program for minority children. We educate only one type of child, and if he fits in the system, he will get ahead."

"The advocate is not just a mediator. An advocate is a fighter. He fights for someone who can't fight adequately for himself."

"I think that the differences that all of us want will not arise necessarily out of a structure, but out of the type of investment that we put in human beings who operate within that structure."

"As a student teacher, I would like to say that we are noticing more and more the lack of relevant training we are getting. We feel that we don't get enough practical experience working directly with children in the classroom as part of our training. What we are getting is the sheer lecture-type approach."

"It is important that we remember not only the misplaced children, but also all those nonplaced children."



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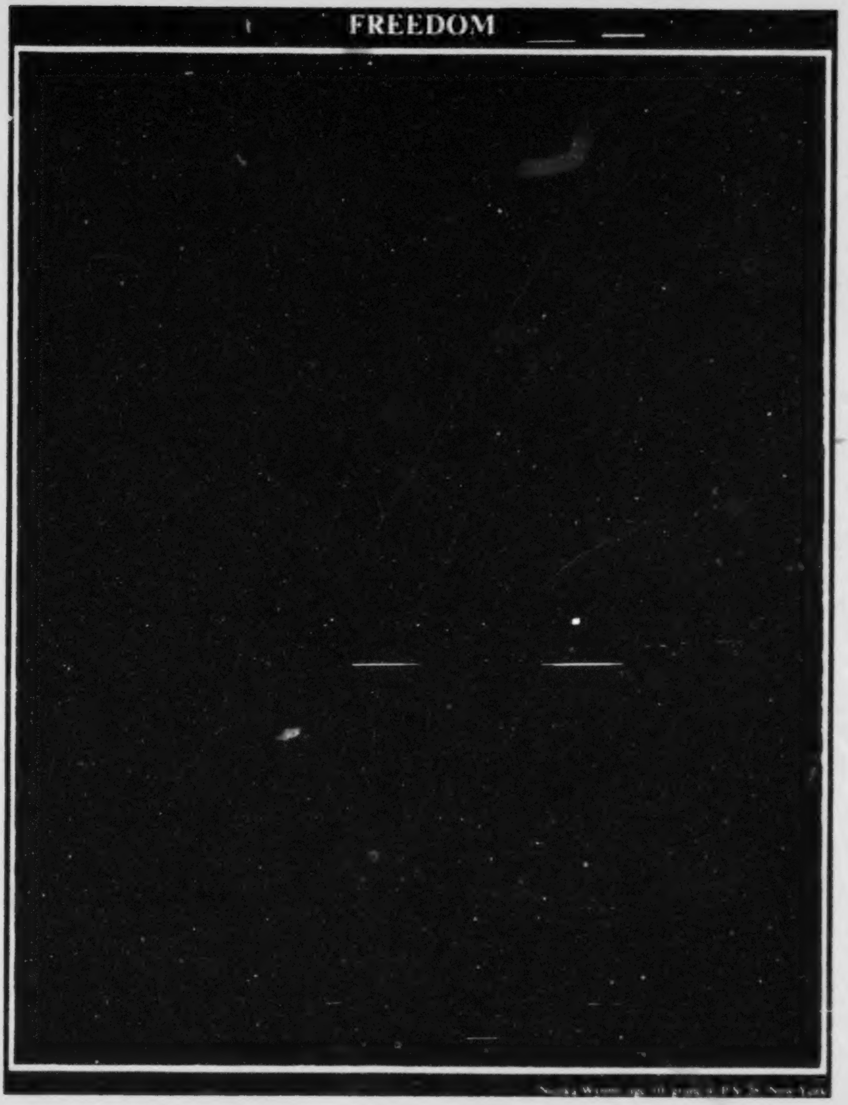
FREEDOM
[illegible], age 10, grade 4, P.S. 36, New York

Dr. HURLEY. I think the President's Committee on Mental Retardation calls these youngsters the 6-hour retarded child, the kid who's retarded while he's in school; when he walks out of school and goes into the boys' club or goes onto the playground, nobody can pick him out. He interacts with his peers, he gets along, he knows how to cope with his environment. His adaptive behavior is good. Now, these youngsters, in my mind, are not mentally retarded. They may have academic problems; we can't deny that. But the label of mental retardation itself just carries too much with it. It also results in, from my point of view, a limitation that consciously or unconsciously is put on the child's level of performance. And this has happened again and again. I remember in New York City the parents up in the PS 201 district telling the school board:

> We do not want any more classes for the retarded or classes for emotionally disturbed kids in our district, because all you're doing with it is putting them in there and babysitting.

In the black community we see this again and again. If they do not get labeled mentally retarded, they do get trapped into a group that goes out to the playground all day; they don't get taught English, they don't get taught math. And this is a real concern of mine and of my friends who are also black.

Senator WILLIAMS. I see the result, but why do we get to this result?

Dr. HURLEY. Why? Because of the method that we use for diagnosis. We take a Stanford-Binet test, which has been standardized on basically white middle-class youngsters with a certain style of language, and we administer this test to youngsters who differ. They differ in a number of respects. One respect that some of them differ in is in their language. There's been a lot of work recently on something called black English. They also differ in another respect, and that is that many of the youngsters are not used to interacting with adults in the way that's demanded on Stanford-Binet—that is, to say everything you can think of, everything about a subject. So when these youngsters come into a testing situation and the tester asks him, "What is a bicycle? Tell me all about a bicycle," this is kind of a crazy question to begin with, from the child's point of view. His response is, "Let me get out of here!" His best way to get out of here is to give the person a short answer, as short as possible. So he says, "Oh, it's something you ride." OK, something as short as possible; and he does this continuously.

There is some research that was carried on some years ago with youngsters who had been labeled mentally retarded, or at least failed the test—"failed", in quotes. After analysis of the children's responses from a different point of view, the researcher found that these youngsters, once they realized that they were supposed to lay all of their wares out on the table for someone to see, that this is what we want, then they laid them out on the table for the psychologist to see, and their scoring on this instrument, therefore, increased dramatically. In addition, the social setting was modified in one instance that I can remember by the introduction of a second child, and the two children interacted, and the quality of the language from those two youngsters increased dramatically. There has been research like this. I don't know what a 75 on Standford-Binet means when the child can go out and cope with his environment in the middle of Harlem. And if you take me and drop me down in the middle of some places. I can't cope.

Senator WILLIAMS. I'm wondering if in testing, do the examiners have any understanding of the environment that the child comes from and whether he is avoiding some of the simple problems, like poisoning, lead-base paint poisoning, for one, or whether the home environment is capable of producing for him an adequate diet? Are these home factors at any point looked at as a youngster faces his first test, the test of evaluation?

Dr. FLEETWOOD. They should be. They're certainly not always, but they certainly should be.

Senator WILLIAMS. And yet they're relevant, certainly.

Dr. FLEETWOOD. Right.

Dr. HURLEY. Extremely relevant. We discuss them in class and so on, and it's stated in our rules and regulations that these things should be looked at, but they aren't always looked at, or they're looked at by people who don't know what they're looking at.

Senator WILLIAMS. Also out of this committee we deal with those two that I mentioned—nutrition—well, not out of this committee much, but lead-base paint, which is a real problem in some of our older neighborhoods, as I understand it.

Dr. BARNETT. I think along this same line there have been some very interesting studies about the labeling process and teacher expectancy. I remember about a dozen years ago when I was doing an internship' in Louisiana, I had a teacher say, preceding a test session that I had scheduled, "I just can't wait to get the results so I can know if I've been grading properly." Well, that pretty well epitomizes, I think, the cart-before-the-horse process that we have here. All of these remarks, I think, are very germane, and I'm sure we could pursue these for a long period. But I'm at home, and I may be at home with the press and a lot of friends here. I want to make it very clear that in my comments about some of the shortcomings of the public school situation, I'm not referring just to South Carolina.

I do have an actual acquaintance with this problem. I'm sure many of these problems are true here, as you'll hear later on from some of our education people. But I think our Department of Education has done a remarkable job in South Carolina in moving out in the development of quality special education programs and the concern about staff training and so forth. I certainly am pleased to represent an agency which has a very fine relationship with the department of education and look forward to the resouces made available, hopefully, by this bill, Senator, and doing some other innovative things together with our department of education.

Senator WILLIAMS. Well, I'm impressed with the work that I've learned of going on here in South Carolina, Georgia and Alabama. I hope we can find our Federal activity can be an increasing partner in your efforts. This is, as I indicated earlier, a goldmine of information for me and for those who will read this record back in Washington. Thank you ever so much.

We have a panel, now, of parents representing the States of Florida, Georgia, and South Carolina. I will name off all of the parents that I have listed here. As you come forward, others who want to stand and stretch, this isn't exactly the seventh inning, but we will treat it as such.

Mrs. Gordon Huddleston, Mr. and Mrs. William Seyphers, Mrs. Donald Rasmussen, Dr. Jim Hilton, Mrs. Frances McGlannan, Mrs. Mary Ellen Ward, Mrs. Christine Griffith, and Mr. Larry Washington.

[Brief recess.]

Senator WILLIAMS. Senator Waddell?

Mr. WADDELL. I would just like to recognize that we have with us today Senator Hyman Rubin, Senator Stephen, and Representative Harold Breazeale, and Mr. Jim Simpkins from the Special Governor's Committee on Mental Health and Mental Retardation. They're probably taking the seventh inning break, but they've been sitting here, and we're delighted that they came as part of our committee to hear these proceedings today.

Senator WILLIAMS. I hope I can meet them personally before the day is out.

Mr. WADDELL. I think we can arrange that.

Senator WILLIAMS. Now, I think maybe it would be best if we start to our left, and your right, and if you would, introduce yourselves, and then the record will have your names and then we will get into our testimony.

Mr. WASHINGTON. My name is Larry Washington and I attended school in Hopkins. I was in special education at Hopkins for 9 years. I went into special education when I was in the fourth grade.

Mrs. HUDDLESTON. I am Mrs. Gordon Huddleston. We live at Orangeburg, S.C., and we have a son who is 5 years old, with a severe hearing impairment.

Mrs. GRIFFITH. I am Chris Griffith, from Atlanta, Ga. I have a 12-year-old autistic son.

Mrs. RASMUSSEN. I am Mrs. Donald Rasmussen of Columbia, South Carolina. I have an 11-year-old son who has a severe learning disability.

Mr. RASMUSSEN. My name is Don Rasmussen.

Dr. HILTON. I'm Jim Hilton, the parent of a 12-year-old learning disabled daughter and also president of the South Carolina Association for Children with Learning Disabilities.

Mrs. McGLANNAN. I am Frances McGlannan, a parent and founder and director of the McGlannan School, a clinical school and research facility for learning disabled children, member of the Florida State Advisory Committee for Exceptional Child Education, and research editor of the Journal of Learning Disabilities.

Mr. SEYPHERS. I'm Bill Seyphers. My wife is not here. We are parents of two mentally retarded children, 10 and 8.

Mrs. WARD. I'm Mrs. G. F. Ward. I'm the parent of an 18-year-old trainable retarded child, and have been active in the Association for Retarded Children.

Senator WILLIAMS. Now, where do we begin? You're right in the middle, Mr. Rasmussen. We will elect you leadoff.

STATEMENT OF MR. & MRS. DONALD RASMUSSEN, COLUMBIA, S.C., PARENT OF LEARNING DISABLED CHILD

Mr. RASMUSSEN. We have a child in the local Irmo Elementary School with a learning disabilities problem. We moved here to South Carolina a year ago from Minneapolis, Minn., so we do have a comparison that we can run, if you'd be interested.

We started out with the child—it was pronounced that he would have a very difficult time in school, but we worked with the people in Minnesota on the learning disabilities problem and were able to work through the special education and this type of schooling for the boy and were able to bring him up into grade level through special education. The wife can probably give you a little bit more details. We'd been very active with learning disabilities in Minnesota, and we're getting into it here in South Carolina.

Senator **Williams.** How old is your child? I missed that.

Mr. **Rasmussen.** He'll be 11 years old. And one of the reasons that we did pick the school district which we are living in is because it's one of the only school districts that did have what we felt adequate learning disabilities schooling here in Columbia.

Mrs. **Rasmussen.** Senator Williams and ladies and gentlemen, as he said, we have an 11-year-old son that has a learning problem. He is a very handsome son, so he doesn't look as if he has a learning problem. He has a superior IQ as far as verbal ability goes. As far as visual ability, that is low average. This causes many problems with our child, because people expect so much of him that he cannot always perform as he should, and this in turn frustrates him.

I have some things that I think need to be done as far as educating children with learning disabilities, and I feel that we cannot do anything unless we get money or some positive program going. The first thing I think is most important, and that is education of the teachers.

IMPORTANCE OF THE TEACHER

Teachers in South Carolina, I find, don't always know what a learning disability is. In Minnesota, they were becoming educated in this respect, but here, when we began, our child was put into a regular classroom. This was in the fourth grade; we came in at the tail end of the fourth grade. He was at a 3.8 grade level as far as reading goes, at that time. We had built him up over the years. In the regular classroom, he was accepted well and was able to function all right except for his answering of some test problems, so with this he was sent to a resource room. The resource room is managed by a woman that is very nice but does not have the degree that she needs and does not have the education that she needs to cope with the problems.

Over the summer—we did not have a summer program, because we didn't know what was available, for one thing, and we also kind of felt that maybe it would help to give him the summer off. He had never had a summer off. This proved, unfortunately, with the school system, to be some sort of mistake, I think. He is in the fifth grade now, and at the testing of the 5.1 grade level, he was reading at 3.0. Remember, I said 3.8 when we came here. His spelling was 3.2. His arithmetic was 3.6. At 5.9 testing, we had a 3.5 reading level and a 4.5 math level.

I feel that if we do not get some funds here in South Carolina to teach teachers, to inform them, that we cannot go any further with these children as we should. The teacher's attitude to me is of basic importance, because she is the key to effective implementation of a program, and I feel that the teacher is responsible for the child's success or failure. She must be willing to cope with the child and with his frustrations and to constantly build him up, and she must be daring enough to try new techniques in teaching and have the patience of a saint.

My son encountered—in the classroom of the fifth grade that he was put in the first part of this year, he was in a class of 135 children in four classrooms. They are divided by colors of carpet. His teacher at that time was not aware of how to deal with his problems. She gave him assignments writing reports. He is not able to write sentences. How could he write a report if he can't write a sentence? Plus he has a difficulty in reading. How can he read the material to make the report?

Senator WILLIAMS. He was in a group of what size?

Mrs. RASMUSSEN. 135 children.

Senator WILLIAMS. And how many teachers?

Mrs. RASMUSSEN. Four teachers. They each, I believe, had an aide to help them.

The teacher gave him a report one day. He handed in what he thought was a report. It was a couple of brief sentences. She took the paper, wadded it up, and threw it in the wastebasket and said, "This is not a report." How can you deal with the frustration of such an act?

That is why I believe that teachers need in-service training. They need to be aware of the problems that are facing the child that has a learning disability. I believe that there should be lectures and workshops in this.

My son was not—the problem that he has I didn't know about—wait a minute; I take some of this back. What I mean to say here is that he was having some other problems, some behavior problems then, in this fifth grade class. I make it a rule to call the teacher about a month afterwards, because I assume that by this time the teacher knows what the problems are with the child. When I got the teacher on the line, she says, "Oh yes, I'm so glad you called. We have had such terrible behavior problems with the child." I almost said to her right then, "Why didn't you call me?" So I talked with her and I said that maybe some things could be used to help him, maybe some tapes, or maybe he could tell her verbally some of these reports. I got some response, saying, "Well, we'll try."

I let the problem go for another month. I called again. "Oh, I'm so glad you called, because, Mrs. Rasmussen, the problems are worse than ever." Finally I took steps to put my child in a special room that they have, and this is called an emotional development center. The emotional development center is primarily for emotionally disturbed children, although they do have learning disabilities children in this group. The teacher there is very capable except that she doesn't know everything to deal with the problems.

The other things I think we need to have is a variety of methods in dealing with the learning disabilities. We need materials to aid the teacher in her teaching. We need to encourage an exchange of ideas among teachers in the schools and other schools, to see what the other teachers are doing. We need, most certainly, an early identification of the child, preferably at the kindergarten level or lower. But we must avoid labeling this child, because this child can fluctuate, so I would advise retesting yearly.

Also I think we should pinpoint, through specific testing, the specific type of problem. There are so many types of problems of learning disabilities. If it is possible, sometimes a readiness room helps: this is in between the first and second grade. And also I think parent-teacher associations should have a meeting devoted specifically to learning disabilities. This way the parent in the district can know what is developing concerning the learning disabilities child.

Basic remediation and mechanics of reading, spelling, and writing, and math through the multisensory approach—we need one-to-one tutoring, and special classes if they are necessary, but I would like to avoid putting a child in a special room if possible. I think we could put textbooks on tape and have them listen to assignments and have them encouraged to participate in discussion. Retest your child: record his answers, if this is the only way that he can do this test. And also to have reports on tape. Use audiovisual aids.

All of these things cost money. We need the money. I feel that we could use crutches to math, like slide rules, adding machines, and games, and the child will discard these things once he no longer needs them. Also we could use more teachers' aides, older youngsters to teach, volunteers on a one-to-one basis with the child, and this should be done daily. These kids need more than once a week.

Also you get down to the self concept. If a child cannot perform academically, his self concept goes down, and emotional problems become the byproduct of constant failure and difficulty in learning. A child's behavior will often indicate what he thinks of himself. That's one of the methods we could use, such as building social skills to adopt such programs in the school.

Counseling services, more parent education, parent-school communication, parent-counselor communication, group therapy sessions, buddy systems, and a formal behavior modification schedule, and work toward more individualization in the school.

In conclusion, I would like to see one-to-one tutoring where needed; small groups of children with similar problems, not more than four; teacher aides; helpful methods, tapes, techniques, crutches; adaptive quiet programs; counseling services, in-service training, workshops, and exchange of ideas; parent involvement programs, PTA programs; and, only if necessary, special classrooms, and a more individualized program, and early identification of child and yearly retesting and avoidance of labeling. And I want you to remember that it is becoming more and more evident that there is a direct correlation between learning disabilities and delinquency.

Senator WILLIAMS. Thank you very much, Mr. and Mrs. Rasmussen. It would seem to me that the legislation before us, if it became law, would increase the possibility and the opportunity to reach all of the various aspects of group education that you mentioned. Have you had an opportunity to see this legislation?

Mrs. RASMUSSEN. I just got the pamphlet that you handed out here.

Senator WILLIAMS. Well, I would hope that you get a copy—we'll make sure you do have one. If you would look that over and write us your observations, we'd appreciate it. This is very, very valuable and helpful, this testimony.

Now, who's next, Mrs. Griffiths.

STATEMENT OF MRS. CHRISTINE GRIFFITH, ATLANTA, GA., PARENT OF AN AUTISTIC CHILD

Mrs. GRIFFITH. Senator Williams, I appreciate very much the opportunity to speak to you. I mailed in my statement, but I don't want to read anything. I want to sit here and talk to you from my heart.

I speak as the mother of an autistic child, but I was also handicapped myself. I was deaf until the age of 32, when bone surgery was perfected, and I have Teflon pistons in both ears. Now, I know how it feels to be handicapped. I know how it feels to be different. I was very fortunate to be born in Jackson County, Ga., which is a very small rural area, in 1928, instead of 1961, when my son was born into our sophisticated society. In 1928 Georgia was in a state of severe depression, and money was allocated to the school districts on the basis of warm bodies sitting in the seats. Now, they had to round up every child possible and put them in that schoolhouse I went too, and every child that was born in 1928 went to school at the appropriate age of 6. So when this teacher got me in the first grade, I couldn't follow instructions. I was spanked every day because I couldn't follow instructions. She kept going to the principal, and he kept contacting my mother, but they could not afford to expel me because they were on the borderline of numbers of students that they needed, so I was fortunate, and I have developed a real deep appreciation for the fact that society has allowed me to function as a human being and that I was born in 1928.

Now, in the second grade they got a teacher who was fresh out of college; you know, they were looked down upon in those days. But she recognized my disability, and I spent the second grade either in her lap or with my chair under her desk, and she helped guide me to the ability to read lips.

I held down a very responsible position before I was married. I was an office manager, and I functioned quite well. I got a hearing aid. Now, I look back on it and I wonder where has our society gone, because I wish to God I lived in Commerce, Ga., now, with the same set of requirements placed on the school system that was there in 1928.

EXCLUSION FROM SERVICES

My son has been excluded from every program in existence in the State of Georgia. I have gone from agency to agency, to try to get him help, or a diagnosis. You mentioned earlier about where do we go for testing. The mother of a handicapped child is the first person to recognize that child's got a handicap. I recognized it at birth, but he was not tested nor diagnosed properly. The local mental health department turned him down. I have been to a private physician and gotten a diagnosis. I was denied taking him through the public diagnostic center because of my income, and he has been totally excluded from any kind of educational program. I have had to do it alone.

At the age of 3 I was told, "Put him in an institution. Forget you ever had him. His condition is hopeless. He will never talk. He will never be able to do anything. He needs custodial care for the rest of his life." I was not willing to accept that. I don't believe doctors are God simply because they have a degree. I have some commonsense and a backbone, and I said, "My child is not going to vegetate in the backwater of a mental institution. I'm going to, with God's help, do what I can to give him some form of human existence."

Now, in the absence of schooling, I used the John Tracy correspondence course, and a mother's intuition. They call it behavior modification now; it's got a fancy name. I used that on my child. I've brought his behavior under control. I taught him to speak, along with the help of my two normal children and my husband. He can say anything he wants to now, and he's beginning to conceptualize. He's now 12 and learning the meaning of some abstract words so he can put sentences together. He's able to function in the home.

Society gives my child nothing. He was even kicked out of church. But at this age I need some supportive help from my Government to help my child attain his basic right to life, to the best of his attainment.

Now, in my program that I have, my prescription for my child includes an organic garden in my backyard, which has been in the making now for 5 years. I take him down, and I have been teaching him the menial labor involved in organic gardening. We go out into the neighborhood—he has a wheelbarrow—and we pick up the grass clippings and leaves and other such things that our neighbors put out for the garbage people to pick up. In our county they have to put it in bags. And so we get the bags. We're helping keep the neighborhood clean, and we dump all this stuff into our organic garden. We buy manure from a farmer out in Covington, and we compost this. February the 28th was a nice day in Georgia, and my son and I got out there and prepared a bed for lettuce, and he put the composting material under the lettuce. I punched the holes and showed him where to set the plants, and he put the plants in the ground, squeezing it around there, and now we're enjoying the best tasting lettuce you've ever put in your mouth. If you've never eaten organically grown lettuce, you're in for a treat. I brought you a head of the lettuce. There have been no insecticides used on it. There was no artificial fertilizer under it. And I washed it very thoroughly before I left home, and I've had it sitting over at the hotel in a bucket of ice.

I want you to eat that lettuce, and while you do I want you to think about amending Senate bill 6, and under the section "Definition of Handicapped Child," please include autistic. The term emotionally disturbed does not cover my child. I have already enrolled him in that and he has been kicked out of every program in existence.

Representative Burton is my Representative. I live in his district. He didn't answer your question about the amount of money the State puts into special education, and I don't know the answer. I've got the budget over in my room, and I should have brought it. But I would like to point out that DeKalb County is only serving 35 percent of the needs of handicapped children, and my child is one of the 65 percent who are excluded, and there are plenty more in Mr. Burton's district who are sitting there doing absolutely nothing. Now, I wouldn't call 35 percent coverage very comprehensive.

Another gentleman mentioned a waiting list of 600 for an institution. I would like to recommend a community-based program, to keep my child in the community where he lives. I love this child. I don't want the State to take over the full responsibility for his entire upkeep.

I want him at home. And there should be a State program where I can take my child for some assistance in the job of teaching him.

And there was mention of the paraprofessionals. I'd like to tell you I am a paraprofessional. I do not hold a master's degree, but I taught my son to talk; not only to talk, self-help skills, toilet training, and otherwise. I taught him how to go in a store and pick out certain items and go pay for them and wait for the change.

And another point I want to make is education should be teaching and not testing. Every child in De Kalb County, Ga., where I live, is tested. The first 6 months he's in school, a great deal of time is spent on testing this child. Quite frankly, I think the whole business of testing children and labeling them—and every child in De Kalb County is labeled. He's labeled either slow, average, or exceptional. And this should be eliminated. It would take care of a lot of our problems.

And the Senate bill thing that I like the best is this requirement for all States to have a right to an education law. Georgia does not have that in its laws. And a door-to-door census should be taken. There is one area in Atlanta in the inner city where the ghettos are, a Catholic priest has been going there door to door, concerned with the conditions of that neighborhood, and he has found 200 handicapped children in a five-block radius. There is no record anywhere that those children even exist. They are just like in limbo. The city schools of Atlanta doesn't want to find them.

And then the third thing is the accountability section, to the taxpayer, that, you know, you just can't pour out all this money. We've had money poured out in Georgia, but I can't get to it. I cannot get any help for my child. He is handicapped by not only autism but by a neglectful society.

Thank you.

Senator WILLIAMS. Thank you, Mrs. Griffith; thank you very much. We also have your letter; that will be included in the record. Now, what is your street address? I'm going to give you a report on this lettuce.

Mrs. GRIFFITH. 2314 Street De Ville—D-e V-i-l-l-e—N.E., Atlanta 30345.

Please think about amending the definition to include autistic children.

Senator WILLIAMS. We have, and we are. On our opening hearing in Washington, a man you might have seen and know of, Lloyd Nolan, the actor, testified to this exact point, the autistic child, with knowledge, because he, too, had a child with it.

Mrs. GRIFFITH. We're the most discriminated members of our society, regardless of race. Maybe the black autistic child is in worse condition than mine. I will concede to that; the black one is worse off than mine.

Senator WILLIAMS. You have given us a bumper lettuce harvest here. I'm going to share this with Senator Waddell.

Mrs. GRIFFITH. Very good. You know, a lot of special education teachers will go to beg for money, and they always show up with these pictures the children have supposedly painted, or, you know, words that they've written. I'm sorry, I can't do academics with my son. I think this is a more productive life, that of a farmer.

Senator WILLIAMS. With all these pictures being taken, I hope this is in a paper somewhere.

Mrs. GRIFFITH. I hope they send it to the Atlanta Journal. I think that's the only one that Senator Talmadge reads.

Senator WILLIAMS. Now, Mrs. Huddleston.

STATEMENT OF MRS. GORDON HUDDLESTON, ORANGEBURG, S.C. PARENT OF A SEVERELY HARD-OF-HEARING CHILD

Mrs. HUDDLESTON. Senator Williams, members of the committee, ladies and gentlemen, my husband and I are particularly interested in this bill because we have experienced education in four States for our hearing-impaired son, and in these four States we have found a vast difference in what is provided for him. Perhaps by telling my story, I can best illustrate to you some of these differences that we have experienced.

In 1950, our son David was born with a severe hearing impairment. We discovered this when David was 2 years of age. We were living in Parkersburg, W. Va., at the time, and because of limited medical facilities we were referred to Dr. Helmer Michelbust, at the Institute of Language Disorders at Northwestern University, in Evanston, Ill. Dr. Michelbust and his staff told us that David had a severe hearing impairment and was delayed in language, but with proper early education he could develop speech and lip reading ability, to function in society, and the emphasis was on early education. We were told that early ideology and language training was a must.

West Virginia did not have any facilities, but we were fortunate that we lived in an area where we could get to the speech and language clinic at Ohio University. So for 2 years David and I drove 100 miles a day for speech therapy. When David was 4, the educators at Ohio University told us that he was ready for academic training and should be placed in a school for hearing-impaired children, that because of the potential that he had shown during his period of work there they recommended that we definitely seek an oral deaf school placement for our son. There was such a school as part of the public school program in Columbus, Ohio, so at that time our family moved to Columbus, and at age 4 David entered the Alexander Graham Bell Oral School for Hearing-Impaired Children, as part of the public school program in Columbus.

He worked in a classroom with a trained teacher of the deaf, in a public school setting, with a maximum of eight students per class. After 2¾ years in this setting, we were told that David could integrate into the regular classroom in his own district; with supportive help, resource teachers, he could probably function very well. His teacher made use of audiovisual aids, and resource teachers were available to him. He was promoted to the second grade with a B-plus average.

At this time we were transferred to Wilmington, Del., with the Du Pont Co., and moved David there. There were facilities, there were resource teachers; there was also an oral school for hearing-impaired children at Newark, Del. David received from these resource teachers, in a regular classroom setting in Wilmington, one-to-one help in math, reading, and language. At the end of second grade, David was evaluated by the school psychologist and by a staff from the Margaret

Sturk School for Hearing-Impaired Children, in Newark, Del. It was determined at that time that David was functioning very well in a normal classroom and it would be in his best interest to continue in a regular classroom setting. This is where he could reach his potential, with supportive help. He completed third grade, had a B average, and we were told that he was on his way, and with supportive help he should be able to continue in a normal classroom setting with normal children.

Meanwhile, we were faced with two transfers from the company and felt compelled to turn them down. My husband was then transferred into the international department with Du Pont and was going to be faced with a lot of travel. This concerned us, this being away from home and the possibility of more transfers, and a job opportunity came along in South Carolina that would be a permanent job for us, so we felt that we must think in terms of finding a permanent location for our family. But before we would go for the job interview we came to South Carolina first and had an interview with the superintendent of schools in Orangeburg district, with the school psychologist, and with the director of curriculum there. We told them of David's problems and his needs thus far in his education. Yes, they explained, they did have reading teachers, they did have speech therapists, and they did have a school psychologist for the district.

SERVICES NOT AVAILABLE IN SOUTH CAROLINA

We moved, and we started the school year, and David entered Sheridan Elementary School in Orangeburg, in the fourth grade. We were dismayed to find that he was not able to have a reading teacher help him. He was placed for one-half hour a week in a group session in speech therapy with children who did not have a similar defects to his. There were no resource teachers. We sought counseling from the school psychologist; he was very sympathetic. We sought help from the reading teacher; she was very sympathetic. But they explained to us that because of their caseload they just were not able to take him in to therapy; consequently, we would have to go it on our own.

Being concerned, I volunteered as a parent to work at school 4 days a week in David's science and math classes, to help him come through the year. He did come through. He was on an individual math program. We came through the year, and at the end of the year we tested out 4.9. He had made progress in this area. However, his language and reading teacher was not able to give him the benefit from extra help, and David started downhill. He became frustrated. He started falling behind. His behavior became disruptive. And I might add that he had two teachers, and when he was working in the area of math and areas where he could still compete, his behavior was fine. When he entered the reading and the language area, his behavior became a problem.

THE CHILD SHOULD ADAPT

Rather than find help for him, he was given such tasks, as punishment, to write 500—not 50 or 100—500 times a night, "I will sit in my seat and I will behave."

We again sought help from the school psychologist, but again were told that they would really like to help but the caseloads were just so heavy that it was just impossible to give him the help that he needed.

New, Orangeburg is on a cluster system, so at the end of the fourth grade year David was transferred to Nix School, which houses fifth and sixth grades. He started there in September. He was behind to start with. He immediately became frustrated and became a behavior problem. I visited the school weekly, to ask the teachers, you know, if we could be of help at home, would they please at least write his assignments down so that we could work on a 1-to-1 basis at home. At this time I was told that any fifth grade student should have enough self-discipline to write down his own assignments and they did not have time to do this.

My husband visited the school principal. We contacted the superintendent's office. We personally talked with the district superintendent of schools. We talked with the teachers; we talked with the school psychologist. We were not able to receive any help of any kind for our son.

At this time we were very disturbed and realized that his behavior was falling apart, that he needed counseling, and we needed help. We sought it by telephone and written correspondence. My husband talked to Mr. Van Porter here in Columbia. He suggested that we investigate the school at Spartanburg. We have done this. We have found that in our opinion, while it is doing a fine job for many children who are profoundly deaf, it is not a program geared to the needs of our son. There are only seven children in this school with a hearing loss similar to David's. They use manual language at the school. David has never been exposed to this, and it would not be in his best interest to place him in this school.

WILL THIS CHILD BE LOST

We investigated placing him in residential schools such as Central Institute for the Deaf; St. Joseph's School, in St. Louis, Mo.; Fort Lauderdale Oral School, in Fort Lauderdale; and the Davidson School, in Atlanta, Ga. We found the minimum tuition at any of these schools for us was $5,000 per year. These costs were prohibitive to the point that we could not afford them. We had to also pay transportation costs back and forth for our son.

In the meantime, the teacher at school told us that David was just not able to function in his classroom setting. We really felt that we didn't know what to do, so we finally checked into a school in our area that was a private school. They did have a fifth grade classroom setting with 20 children in the classroom. David's other classroom had 32 children. It is not the kind of classroom that David needed, but it had a stable atmosphere and it had a smaller number of children. So in desperation we transferred him to this school.

We have gotten through the year there. His behavior is shaping up. He is struggling. He is very frustrated. At the present time he is failing reading. I am spending a minimum of 2 to 3 hours per evening, trying to just keep pace, to keep up with this child. In addition to spending all day in the classroom, he's spending all evening working on academics. He is going to be promoted to the sixth grade. The teacher doesn't know how well he's going to be able to do. We are wondering how much further we can go with him. It's affecting the rest of our family because so much time is having to be spent on time with David.

Gentlemen, our son has been evaluated at the Institute for Language Disorders at Northwestern University; Ohio State University; Mid-American Hearing Association, headed by Dr. George Shambaugh, in Chicago; and Margaret Sturk School for Hearing-Impaired Children. All have felt that David had potential and emphasized that he would be able to take his place in a hearing society, and with proper resource teachers in education would not be a burden to society, in that some day, if he were allowed to reach his potential, he could take his place and function in society and would not have to have residential placement or wind up in a correctional instittuion. He could be a self-supporting member of this society.

I am here today because we have experienced vast differences in education in the different States that we have been in. Quite honestly, we have seriously considered leaving the State of South Carolina, but my husband likes his work, and we very, very much like this State. We would like to remain here. In addition to that, we have met other parents facing the same problems in Orangeburg. If we leave, that's not going to help them a bit. But hopefully this bill will help others, and all across the country, not just in certain States. Thank you.

Senator WILLIAMS. Thank you very much, Mrs. Huddleston. We're dealing here with a child who has a severe handicap, a hearing handicap.

Mrs. HUDDLESTON. Yes, sir.

Senator WILLIAMS. And your experience has been that the state of the art in teaching youngsters with this handicap exists, and it's just a matter of having the professional people available to teach your youngster?

Mrs. HUDDLESTON. Yes, sir. We know it's possible, because we have experienced it.

Senator WILLIAMS. Mr. Washington? Mr. Larry Washington.

STATEMENT OF LARRY WASHINGTON, COLUMBIA, S.C., A TAILOR

Mr. WASHINGTON. It makes me sad to know that they are not providing enough funds for more programs in special education. I'd like to tell you a little bit about the programs that I went through in Columbia, S.C., that helped me, and if it wasn't for these programs, I feel that I wouldn't be sitting in here today.

My year of fourth grade I was in special education, and when I went into special education I didn't know A from B. I couldn't read; I couldn't spell; I couldn't write; I couldn't do anything. And when I went into special ed, I didn't know what special ed was, but I did know it was a place for slow people, to help people. And as a few of these mothers said, the kids was very frustrated. And so when I went in, I was very frustrated. I mean I didn't know what to do or whether to try it or not. I was so frustrated because the people—I wanted to help myself, but it don't look like anybody else want to help me.

So some people helped me, but I had a problem of learning on my speech till, just like she said, it was affecting the rest of the people in our family. Well, it was affecting the friends that been around me, too. And so I feel I lost a few of my friends because, you know, I wasn't just like they was. So I knowed this, and so I just give up. And so they had this thing, special education, and I was in special education, and the teachers in special ed give me a little more attention than the lady, you know, in third grade did. I could see the difference, you know, it was much better for me.

And I still was very slow, and it don't look like I was getting anywhere, but yet still the teachers was a little nicer to me, you know. Now, I can see it because I'm old enough to see it, simply because they had the training to work with me. So the teacher, she was doing a very nice job, and I could see that she was trying to help me, so I started beginning to try to help myself. I still wasn't getting anywhere, but I kept trying. And so I really learned exactly what special education was all about, special education is really to help someone that can't read or can't write, you know, not able to do for theirself.

And so my main thing, I felt that if I learn how to read I could do anything else, you know, on my own. So my teacher, she began to start teaching me my A B C's, and when she began to teach me I think I was the age of 10 or 11. I didn't even know A, you know. And I think at the age of 12 I learn my A B C's. I know my A B C's if I see them, but I couldn't say them, because I'd get them confused. So the teacher keep work with me, and every teacher I had, they was very good; you know, in the special education field, they was good. I know that if I had been in the sixth grade or seventh grade I wouldn't have, you know, learn anything because I wasn't capable of being in the sixth grade or the seventh grade, simply because my ability wouldn't allow me to be in sixth grade.

So I realized I was in special ed and I was going to be in there for a long time, because the teacher convinced me that I need to be in special ed. I fight special ed. I didn't want to be in it. I stayed out of class, I play hooky, I do anything just to keep from being seen in there. But after, you know, I was in there and I find out how good special education can help me, and then I learned that special education was better than some the other places, because you got 16 kids in the class and the teacher can—I've forgotten how long you be in class, but she had plenty enough time that she could work with each one of them individually.

I COULD SEE MYSELF IMPROVING

And so I could see that I was getting somewhere, being I learned my A B C's. I know my A B C's when I see them anywhere. And then I learn how to spell my name, then I could learn how to count. At one time I only could count to about 25. I think I was the age of 12 then. So at the age of 14 I think I had learned to count all the way up to 100. And so the more the teacher work with me, you know, the type of treatment that I needed, the mothers saying that they wished that their child can get. I was getting this type of treatment, and I learned much better because I was getting this type of treatment that they want for their kids.

So I was convinced that I was improving then. I could see myself improving, so I kept trying harder and harder. And I feel that without special education, without this program at Columbia Vocational Center, I can guarantee you I feel that I won't be in here today. I wouldn't have gotten to know you people today, because, you know, I know there is no way I could have made it. As she say, you know, the people dislike you when you have a problem. Why, I don't know. But if they keep giving, you know, some type of funds to help these people, it would come natural to the people, you know, that everyone are human and each and every one in each State would learn that everyone had problems, so try to help the next person if they've got a problem, if you are able to help them.

So me myself, I have a tailor shop of my own. I'm in business for myself. I came out of special education. They told us if we did good we'd get to go to some type of trade school, since I wasn't able to learn how to read and write. Today I still have problems with reading, but special education have helped me enough to learn to read what I need to know in my field, you know, to tell you myself.

And so I went into Olympia Vocational Center and we took a trade. Some of the guys wanted to be a carpenter, some of them wanted to be a mechanic; the girls wanted to take home economics and learn to be a cook and learn how to sew. And so for some reason, I seen the girls sewing, and sewing looked more fun to me than getting your hands greasy or look like you're going to cut your finger off with this saw. So I much prefer—I say I'd rather sew because it looks like it was fun, mashing the pedal. I just liked to hear the sewing machine run. So I wanted to do that, but I didn't know who to ask to be able to do it, because I thought they would call me funny if I wanted to do what the girls were doing. So I mentioned to the teacher could I sew, and he didn't give me a answer that day, he just smiled. About a week later they told me yes, I could sew. So they gave me a sheet of notebook paper and I started sewing on the lines, and my first day on the lines—never touched a sewing machine in my life—I sewed all my lines straight, you know, to be a guide. So I convinced myself I liked this, you know. So the next time they give me a piece of scrap of cloth and they threaded the sewing machine for me, and I think I did good at that. And so I got interested in sewing.

So there's a tailor shop downtown—I never got a chance to come downtown till I think I was the age of 16, and so I finally came downtown one day, and I seen a lot of cloth in a window. There's this tailor shop called Owen and Paul's, and I asked them, "What are those?" You know, the machines were so big. And he said, "They're sewing machines." I said, "Yeah? I would like to be a sewer one day." He said, "It's a good field. You should try it." And I wanted to ask him could I be a tailor with no more education, but me, I would have embarrass myself to let him know the condition I was in, so I didn't never say.

And so I went back to him another time—I asked my mama could I go to town with her, you know, and she brought me to town, and I slipped off from my mother and slide around to the tailor shop, and I asked him, "Can you learn to be a tailor and can't read?" He said, "I'm afraid not. You have to know how to read to be a tailor. I'm afraid not." So I walked out; I had my head down. "Oh, well, what am I going to do now?" you know. So I went back to the Olympia Vocational Center. This was a training program. The school would let us go to—like we go there on Tuesday and Thursday, I think, and I went back to school and I told Mrs. Meek, I think, that I don't think I'll learn to be a tailor because you got to know how to read. She said, "No, not really; you can learn how to sew without really knowing how to read."

So I said, "I guess she know what she's talking about," so I went ahead along with the sewing. And I think I was in about 11th grade then. You know, I considered myself about the 11th grade; I was in my 11th year in school. And so that's the year they told us if we do good—we was on the baseball field one day, and they told us that everyone that tried to do something good, they'll get a chance to go to some type of school, you know, to learn to be a carpenter or something, so then you get a job after you get out of the school. And so that rung a bell for me, and it sounded good; it sound like a opportunity that I could take something I want, and any other kid that want this opportunity. And so I say I want to be a tailor, and he say, "Man, how you going to work that out," if I want to be a tailor.

I WISH I HAD HIS HEAD

So finally I got a job at Tapp's, and for to get the job at Tapp's—I had a friend named Jeffrey, and he stuck by me anywhere I went, you know, but I had to do so much for him just to be my friend. And he fill out an application and everything for me on the job, and the man told us that we need to have a driver license for to get the job then. So I didn't have a driver license; I didn't have a permit nor a driver license. So I still going to school at the same time; that was just a summer job. So I went back to school and I told my teacher, "I got a job, but I need a driver license, you know." And she said, "Well, you'll have to study, Larry." I said, "Study? How am I going to study something I don't even know how?" She says, "Well, you be good." And I was always bad in school simply because I wanted attention, I wanted somebody's attention. Since I wasn't able to do what other people do, like read books or do things, you know, concerning reading and what not, you consider yourself as you're not just like any other human being, you're different. So a retarded child or a mentally disturbed child will do anything just to get a little attention. You don't really have to say a child is retarded: normally they do this for attention.

So I was bad in school, so she told me if I did good she'd help me, you know, she'd help me on my lunch hour and the first part of the school morning. So what I did, I studied—she read the book, the driving book to me, and I looked at the pictures as she read it to me. And we went over the whole year. We went over it so much that I knows the word when I see it. You know, like you could give me the test; you could put paper in front of me for to take the test. And we went over it so much that I was able to memorize every word and every sign that I seen.

So I went down to the highway department for my driver permit. I told the man that I would like to take the oral test—oh, excuse me a minute. I went in to the driving training school, too. I wasn't supposed to be in there, but I was a nice boy, and I try to help myself. You try to help yourself, someone else normally do, too, but you got to be around courteous people for them to help you. You know, anybody don't help you. If I didn't have gone into special education, I wouldn't have been able to have gotten into the driver education school, simply because to be in driver education school you have to have a C average or a B average, because with a D average you can't take driving education school, so you need to be in another place that you really need real bad. So through special education I went to the driving training school in school.

We had something like, I think, from 49 to 50 students in the total of special education, you know, at all the places together, and I was the only student that was taking driver education. And it would be kids in there with a education, and they weren't even trying to get their drivers license. And I would say, "I wish I had his head; I wish I had her head." You know, like the man gives them assignments to do and they won't even do it; and here go me, ain't got no education, I'm trying to learn. I did OK, you know; he told me I did fine. So all any child is asking for is just a chance.

The man put me in a car and we drove. He drive first and show you how he wants you to do. But if you read the book, the book will tell you. Right? But since I couldn't really read the book that good, he had to show me everything he want me to do, because the assignment that he give you, when you get in the car you do these things, and when you make a mistake he will grade you. But me, he had to get under the steering wheel and show me, because I wasn't able to read the directions that tell me what to do when I get in the car. So after I got in the car, I did everything, and he said I did everything right.

So remember you've got 12th graders, 11th graders, and 10th graders in driver training school. He made me the driver training teacher, to teach the other kids, and he sit in the back, see. And all that shows, you know, he give me a chance to prove to myself that I can do it; but if you don't give a person a chance, I wouldn't have gotten that far. If he didn't try to help me, I wouldn't have got that far. If the teacher didn't try to help me get in that program. I wouldn't have got that far. If they didn't have special education, my mother would have kept me home eventually, but since they had special education my mother send me to school everyday because they had something at school to help me. Otherwise, why would I go to school, because if I was in the regular 6th grade I would only be holding the other kids off.

So if they continue supporting special education and other things, other kids can be helped just like I been helped.

So I went to the place to get my driver license and the man said—the driver teacher told me to ask the man for the oral test. I told him I want to take the oral test, and he look at me—I was pretty tall then—he said, "Boy, you big and tall. Why you want to take the oral test? You can't read?" I was too scared to say something, so I just walked out.

So the second time I went back —— went back with me, and I said I would like to take the oral test, and it was the same man. He says, "What you want to take the oral test for, boy? You can't read?" It's not that I can't read; it's that I have a problem with reading. And he said, "Well, you'll have to take the what-you-call-it kind of test." I said, "I don't want to take that one. I have a problem reading." So he says, "What's that word there?" It was a long sentence. A small sentence I know, but a long one I don't. I said, "I don't know. But if you ask me whatever that sign means, or whatever you ask me, you know, sentences concerning law and driving, I can tell you, and if I see it I know what it means." So he put his hand over the whole word and say, "What that sign mean?" I say, "It means yield right-of-way."

He looked at the lady and done that, and then he seen a sign says "No U turn." He said, "What's that sign?" I said, "No U turn." He said, "What that mean?" I said, "If you're in a four-way intersection, you can't make a U turn. So he said, "Well, tell us, how come you know this when you can't read the words?" I says, "It's not that I can't read them. I told you. It only take me a long time. It's just that I have a problem."

So if he didn't have time to sit and listen to me, I would never of got my license. I just want him to give me a chance to explain. This is the same thing they're asking for. They're asking for the schools and the people to give them a chance to put their child into these places without being just labeled just because you're slow.

So I got my permit. So I went back for my license. I knew I could drive, you know. I went back and got my license, and I got my license, except the first time I failed because when I made the parallel park I was so excited that I got it in, I forgot to take it out of reverse. He told me to come back in 2 weeks. I went back, and so I promised myself that I was going to get it. So I did everything very slow, very easy, and I got it and came back, you know, smiling. My driver education teacher wanted to know if I had it, and he said, "Good." So I drove to the high school prom my first year myself.

And so I got my license, but what I'm trying to say, special education helped me got all these things. See, a normal class couldn't have helped me, because they didn't have the time; they didn't teach these things. But special education teach whatever the child needs, and sometimes they teach whatever you want to be teached. If you really just want to—if you are really interested in reading, the teacher teach you reading. If you are really interested in math, she teach you math. But in a normal class they cannot do this, because that's not what the class are for. So I'm just showing you how good special education is.

So it came down to graduation, and I go back to the place I had a job, called Tapp's. Right? I told the man I had a problem reading, so he can't send me out of town, you know. Anywhere around town I'd be OK, you know. So I follow instructions real well because I remember, you know, my teachers—in special education the teachers work with you very good. They teach you manners and everything. So what I did—you know, the man was real hard on me, so I got a job at Boozer Lumber Co., and I was doing real well there and I really liked that job. So Mr. Hardy called me one day and asked me how would I like—you know, I told him I wanted to be a tailor. Right? And so he asked me how I'd like to go in training school. I said, "Yeah." I was ready to leave the job and go right then, you know. And so I told them I'd stay until that Friday, you know, and then I told the man.

And I went, and I was going to Columbia Rehabilitation Center; that's on Green Street. And I took up sewing. And in that school they had people in there with no legs; they had kids in there with one arm; they had kids in there with speech problems; they had kids in there that couldn't hear well, couldn't see well, stuff like that. A lot of them was grown people, the age of 40 and 45, too. In there we felt that we wasn't no better than nobody else, and so what we did, we try to help each and everyone. We try to help everybody there, because we know we all need help. That's why we was there.

So I was taking sewing, and I was the only boy in sewing. I was doing very well, and I made a pair of pants—I went there 11 months.

I made a pair of pants in a month. My first week I made a apron. My second week I made a long—I made a short apron the first week, and the third week I made a long apron. Each thing took me a whole week, just on an apron. And so my first month into the program I made a pair of pants, and I wore the pants. And the second month I was so happy that I made the pants I wanted to make—I said, "I didn't made those." I wanted to see could I make them again. So the teacher tell me to make another pair of pants. I made another pair of pants, and I still have them, and they still fit me, and I'm proud of them to death.

And since I made myself something, I wanted to make my mother something, so I made my mother a dress. And I'm doing very well, and now I own my own tailoring shop in the Wade Hampton Hotel, and I have four employees, and I'm training a young man. He's from State Park Rehabilitation Center. He wants to learn to be a tailor, and he's been in the Navy 6 years, 27 years old. I can't really afford to hire him nor help him, but he wants to be helped so bad, so I'm losing to help him, because he's really in the way because I don't have the room, but I don't mind because I'm helping somebody.

So we make suits for Governor West, Speaker Blatt, and most of the people in the State House here. I mean all these people come to me, and I have an account with Eastern Air Lines, and I does tailoring work for just about every store downtown. So it wasn't for special education I never would have gotten that far.

Senator WILLIAMS. Remarkable description of persistence. And the key was the opportunity.

Mr. WASHINGTON. Yes, sir, but the thing go back to what these mothers say. They want some help from someone else. They can't afford it theirself. After a while it be too late; it be too late, like they be too old, by spending time trying to help their kids, and they feel that if they can get some help from someone else they can enjoy life better and in the future their kids would have a better life. Without it, you know, they can't make it. It will be too late. See, I went into special education, and remember my mother was going to stop me from going to school the following year, so I thank God that special education came along in time.

Senator WILLIAMS. Thank you very much, Mr. Washington.

Where is your tailoring establishment?

Mr. WASHINGTON. Wade Hampton Hotel.

I'd like to say one more thing. I go around to the school and talk to the kids, trying to help the kids to help themselves, like I tell them why there is special education, just like I found out a way how I can help myself, and I try to tell them how they can try to help themselves. I spend a lot of time doing.

Senator WILLIAMS. Dr. Hilton.

STATEMENT OF DR. JIM HILTON, COLUMBIA, S.C.—PARENT OF LEARNING DISABLED CHILD

Dr. HILTON. Senator Williams, I'd just like just to make a few brief comments. I am the parent of a daughter that has a learning disability, actually a rather severe learning disability.

We noticed some difference in her when she was 3 or 4 years old, and one of the main problems, and I wonder if it has some relation to the bill that you're talking about also, is that learning disabilities are not quite that easy to identify in many cases. When our daughter was 4 years old we noticed something might be wrong. We went to speech and hearing people. We went to a physician, pediatrician, psychologist, and so forth, and were not able to get any assistance there. We continued this until she was in about the second grade, at which point I went to the library and just wondered if there wasn't anything in this area, and that was the first time that I knew anything was available. I read a book on learning disabilities by a person named Dr. Cruikshank, from the University of Michigan, and I was at such a loss I simply picked up the phone and called him and found that there is a way of helping these children.

Of course, we were very frustrated and went through all the problems that most parents have with learning-disabled children. But I'm very concerned about the lack of information, and I wonder if maybe this bill probably would help along this line. I think not only in South Carolina, but I get the impression from all over there is very little information and real understanding of what a learning problem is.

And since we identified it so late, what happened is we had the snowballing effect of emotional overlay and so forth that made the child's problem even worse. We ended up sending our child away to school, to the McLaren School in New York and to the Pathway School in Norristown, Pa., both of them extremely expensive. They did help considerably. She was in special classes here for a couple of years, and we feel now, although she does have very many problems, that these classes did offer a lot of assistance.

We have run into problems with finding a way to teach learning disabled children. I've been working with the South Carolina Association for Children's Learning Disabilities and there is evidently no one way to teach children with learning disabilities, because they vary. So you have the problem that if you did have a special class, then you're going to have to group children in some way; then what method are you going to use? You're going to have to use a different method for each child.

I think we're probably all aware, and you're more aware yet than many of us, from what I understand, if you're not able to educate or take care of these children in some way because learning disabled children typically, normally have normal IQ, these children then rebel, evidently go to delinquency and can end up in mental institutions or in prisons, which I think we have agreed and stated earlier are far more costly than the kind of thing that you're talking about, if we can try to get them early. It does have to be gotten early, because even if you wait till the second or third grade it quite often may be too late in terms of really helping these children.

We have, of course, in the South Carolina Association for Children with Learning Disabilities, a large number of requests that come in for information, and we have hundreds and hundreds of people that are asking about it that don't have help and are needing help, and I would like to say that we would like to assist you in any way we could in your efforts to have the bill passed.

Senator WILLIAMS. Thank you very much, Dr. Hilton. You've helped us greatly with your statement today. Mrs. McGlannan?

STATEMENT OF MRS. FRANCES McGLANNAN, MIAMI, FLA., FOUNDER-DIRECTOR OF THE McGLANNAN SCHOOL, A LANGUAGE ARTS CENTER, A CLINICAL READING SCHOOL AND RESEARCH FACILITY FOR THE LEARNING-DISABLED STUDENT

Mrs. McGLANNAN. Senator Williams, you have my formal paper. I would like to not repeat what other parents have said. I can only say that the salvation in our family was to sublimate our anger and frustration and use all of our mental, physical, and financial resources for the past 18 years with one goal in mind, and only one—that is, to help the recognition of these children with learning disabilities. They are intelligent. I'm not going to talk about the waste of natural resources.

I've seen the field come a long way. I see a lot in common here with every parent on this panel. I started out at the library, went to graduate school. My husband sold our boat to open the first school so we'd have someplace to send our son. He was not a member of society, literally. Youngsters in the neighborhood wouldn't play with him. But he rejoined the human race when he passed his college boards, which he did. It can be done.

You ask when should it start. In personal conversation with Senator Mondale I have listed many areas. It's perinatal. In Finland they do a better job when the child is 2 seconds, 2 minutes in this world, than we do.

Recognition can begin in the nursery. Hearing tests should be conducted in the nursery. All of this type of technical information we are attempting to disseminate through the Journal of Learning Disabilities, which is why I accepted the position of research editor. Through NINDB we were able to begin this journal and have on its board the best of the professionals from Europe. We found that the work in Europe was more advanced than ours, including the Soviet Union, and it was my job to spend many months over there, finding these people and encouraging them to work with us.

The Rasmussens have asked about why these children go unrecognized. Because they are what appears to be perfectly average in every way, they fall between the cracks in the various titles and bills. I might mention that title VI–B of the Education of the Handicapped Act has funded marvelous programs in most of the States, and many of the things that you would like to see in South Carolina are already in effect in many other States. I might mention that there is one of the best schools in the world for autistic children, founded by a parent, that's doing fine work, and I believe that you can have your child enrolled there free.

Mrs. GRIFFITH. Where is it?

Mrs. McGLANNAN. Connecticut.

Mrs. GRIFFITH. It costs a lot of money; $10,000 a year. I'm familiar with it.

Mrs. McGLANNAN. I think you can get in.

Perhaps these children are lost because they involve three disciplines. The cause is physiological, or medical, but your diagnosis on which your prescriptive teaching is based is in the realm of psychology, but your symptoms are evident only in the classroom. And these three professions or disciplines do not communicate well in the United States.

Only in rare instances of private clinical schools is there good communication.

Dr. Szliwowski from Belgium said that this is the main difference between European and American educational systems, this lack of communication.

I feel that the United States is ready, the medical profession is ready. They've been told by their own peer group that the usual diseases have been conquered. You have vaccines, and you have drugs. And it's now their obligation to turn to the whole child, especially to his functioning in the classroom, his ability to learn and especially his ability to learn to read.

I would like to speak to a few points in the bill. After 18 years of being accountable to parents who are paying tuition—which, I might add, has never met our expenses—unless a medical component is added to your prescription, your prescription will fail. This is a strong statement, but education cannot do the job alone. Techniques have gone very far. I would say that the methods available to teach these children are here. There are thousands of professionals ready, but they cannot do the job unless the child has proper medical support. I speak particularly for the youngster with minimal neurological dysfunction and the various epileptic equivalents that go unrecognized, and the heavier emotional overlays.

And even worse than the monetary waste if these prescriptive programs fail is going to the the disillusion once again of the parents and the children who have hoped for success.

At this point most school systems operate with regulations that prevent medical referral. Prescriptive profiles are available. Title VI has funded and a prescriptive profile from Dade County has received national recognition. They're going to have to be computerized and tied in with your medical, if you're going to be able to handle the scope of this.

In-service training in behavioral modification is a must, because you will have chaos in the classroom unless the teacher is trained, and it's not that difficult.

And as stated previously this morning, the need for education of administrative personnel and school principals is vital. I can testify to teachers in Dade County that have been trained at great expense by the Federal Government who weren't allowed to rearrange their classroom, by their principals. It almost is ridiculous. So your inservice training should start with your principals and your administrators. A lot of teachers are ready to go, but they're being prevented.

We talk about our waste in national resources and natural resources. I'd like to quote the head of the pediatric department at Johns Hopkins, who testified that we were spending more money in wildfowl migration research than in research into the cause of many of these problems.

It's not necessary to thank the committee. Millions of children are out there thanking you now. But if you are successful with this bill, perhaps this quote that has been published many times will be outdated, that "These children are as handicapped by the ignorance surrounding their problems as they are by the problem itself."

Any statistics, data, case studies, professional references, medical, and so forth, that you should desire, I have available. Thank you.

Senator WILLIAMS. Thank you very much, Mrs. McGlannan. You have worked with Senator Mondale and his committee on child development?

Mrs. McGLANNAN. Senator Mondale was the guest speaker at the first symposium held by the Journal of Learning Disabilities, which was a symposium for very advanced educators, and that night, after his dinner speech he had a captive audience. Three of us sat down with him for 3 hours——

Senator WILLIAMS. Where was that, in Chicago?

Mrs. McGLANNAN. In Chicago. And he was intensely interested. I am currently working with Harper & Row, involved in, frankly, working out readers and materials for the black children.

Senator WILLIAMS. I'll tell you, the day he went there I met him; I saw him at the airport. He was going to your gathering; I was going to a speech dealing with the securities industry. I envied him his assignment, I'll tell you. It sounded a lot more fascinating than the mission I was going on.

Mrs. McGLANNAN. I might mention that a committee should be formed to develop new intelligence tests that are not loaded against the culturally deprived, if I'm terming it correctly. This has been brought up before.

All this can be done with a computer after you have your material. You can't do it on an individual basis. Your States vary too much; so do your counties.

Senator WILLIAMS. Thank you. Mr. Scyphers.

STATEMENT OF WILLIAM SCYPHERS, WEST COLUMBIA, S.C.—PARENT OF TWO MENTALLY RETARDED CHILDREN

Mr. SCYPHERS. Thank you, Senator Williams, for letting me come today. I haven't read your bill as close as some of the others have, but I am concerned with the profoundly retarded children, of which we have two. I won't go into a lengthy story of how these children became retarded or whatever that is. Let me just go into how your bill is going to help us, I hope.

There are two areas in which we need help. One is money, and the other is help. If we had the money, we could certainly get the help. Right now my wife and I spend relatively close to $3,000 a year on these two children, and the help comes from Mrs. Betty Duffy and the Babcock Center, which is, I think, a very good situation here.

Now, I don't really know how these two children can be educated. These children are profoundly retarded. They don't need a classroom school such as what these other parents are wanting for their children. We need repetition schools, self-help schools, such as this. Now, if you put my two children in a special ed class, they would disrupt the class more than any good in their being there. So this is what we would be fighting for, to get some sort of help for this area here, the profoundly retarded child, who really needs almost one on one training situation.

How does your bill help us here?

Senator WILLIAMS. The provisions of this bill would apply because it would provide financial assistance according to an individualized prescription for each child. Of course, this is a contribution of money.

The opportunity is here for 1 on 1, certainly, and with our broad definition, which follows the Constitution, it requires educational opportunity for all children. Now, some would require very intensive training——

Mr. **Scyphers**. That education means physically educated, too. Right? Not as much mentally educated, but physically educated, self-care.

Senator **Williams**. Well, I would think that would be included, certainly. That is certainly part of the education process.

Mrs. **Griffith**. Autistic children have to have the same thing. They won't need it as long, after you get them trained. You can train the autistic child quicker than you can the severely retarded. They've got to have 1 on 1 when they are first put into a school. This is why I don't have anything now.

Senator **Williams**. Senator Waddell mentioned something that is in progress here. Now, doesn't this address itself, to some extent, to that?

Mr. **Waddell**. Yes.

Mrs. **Griffith**. I'm familiar with that, too.

Mr. **Waddell**. We are working in that field. And in answer to your question, Mr. Scyphers, the question arises—I think Dr. Charlie Williams, from the State Department of Education, will probably get into it, but trainable retarded is included. In other words, when we say trainable, we know that we're not talking about academic schools; we're talking about skills to feed themselves, if we can reach that level. And what I think Senator Williams' bill does is say that every child shall have the opportunity to be educated to his capability.

Now, let's look at that. I know that some will never be Einsteins, but I feel personally that if we can take a person and even if we do nothing more than teach that child to feed himself, if possible; to dress himself, if he's trainable, then we've accomplished a tremendous thing. To give you an example—I hate to digress, but to answer your question, at Ladson Center, which you are familiar with, we went into a room down there with children whose highest IQ, quote—that's the only judge we had—was somewhere in the range of 40 to 45. They were disassembling gyroscopes that we had bought surplus from the U.S. Government at no cost, because the metals mixed together were of no value, but if you separate the brass, the bronze, the copper, et cetera, then you could resell the parts and the nuts and the bolts.

The kid at the head of the line that was stripping the tape off of the spheres that held these gyroscopes was not even potty trained, yet that child—it took him 45 minutes to pull that tape off around this sphere, but that child, you could tell, really could feel he had accomplished something when he made the end of it, yet we were still working to potty train that child at Ladson Center. My point is that there is something somewhere, except for the profoundly retarded, which are problems as you and I know we'll always have with us. But if there is a glimmer of hope, then I think that we can develop it, and I'm saying to you, I hope, that whatever the accomplishment is, we think that that's a step forward. And I think this bill will help us do that.

Mr. **Rasmussen**. You had mentioned Einstein here. Did you know that he did have a severe learning disability?

Mr. WADDELL. Lets' don't use labels, but he like to flunked out of school; he had a terrible time. And he had a terrible time in business, if you'll go back to it, and then he got into movie making. Read Playboy; that's got a great article on Einstein this month. [Laughter.] Look at Senator Williams looking at me.

Senator WILLIAMS. Mrs. Ward.

STATEMENT OF MRS. MARY ELLEN WARD, AVON PARK, FLA., MEMBER, THE RIDGE AREA ASSOCIATION FOR RETARDED CHILDREN AND THE FLORIDA AND NATIONAL ASSOCIATIONS FOR RETARDED CHILDREN

Mrs. WARD. I am Mrs. G. F. Ward, from Avon Park, Fla., and this is a part of the rural community of Florida. It's in the citrus and cattle country.

Since 1957, I have been a member of the local parents' association, the Ridge Area Association for Retarded Children, and the Florida and the National Associations for Retarded Children, so whatever I say here, it is with the bias and the subjective values of the parent of an 18-year-old mentally retarded son. And only as we—that is, my husband and I—have become aware of the needs of our handicapped son have we grown in our understanding of the problems of providing educational services for the mentally retarded.

BUILDING SCHOOL PROGRAMS IN FLORIDA

For most of the last 16 years we have worked as a part of this parents' group and with public or private agencies, whatever ones we could involve, to educate our son, first at home, and then the nursery school, followed by an association-sponsored developmental program and by public school programs. And as the job of providing educational opportunities became increasingly burdensome to the Association for Retarded Children, we moved for the acceptance of this responsibility by the public schol system, and our county school board scupported, then administered, school services for the trainable mentally retarded, before most counties in the State recognized that these needs existed. Our country commissioners, by special act, contributed to the association programs many years before general enabling legislation permitted such use of funds.

Other parent groups with which we have worked have been a part of this program, too, and through the years we have been unusually fortunate in that our local governmental agencies and school board have cooperated with the association and with each other, to develop these programs.

There have been issues when cooperation might better have been defined as capitulation.

As a new activity was made available to the retarded in the county, such as a regular physical education class, or speech therapy, or summer programs, other parents and parent organizations in other counties have sought and obtained similar opportunities for their handicapped.

Through the years we have continued to work with our resources. And I must say it does take $3,000 a year, and if you put that into a community program instead of into a private school, you can spend it more ways for more children. We have done this locally and at the State and national level, and it does result in more help for more children.

It's been a full-time undertaking, and we have devoted ourselves to it, and it's often more demanding than anything we could give or procure. But we have made progress in obtaining both classrooms and teachers, and as we did so we stumbled against the other problems, that of getting the handicapped children into the appropriate classroom without a public transportation system, because we live in a county of 1,000 square miles or more.

We struggled with the problems of improving the quality of instruction, with promoting understanding among parents, of securing pediatric services when the nearest pediatrician was 50 miles away, in another county. We've worked with regular evaluation of the handicapped and his programs, and over a period of 35 months we moved a small isolated class for trainable children onto a larger school program, even though it was somewhat isolated.

We have persisted in our efforts to develop adequate services for the retarded. Some of the problems have been well resolved, and some of them remain yet to be done, but it took a lot of persuading, a lot of cajoling, and even badgering and conniving. When progress seemed unbearably slow, the parent of a handicapped child was elected to the county school board, and this attitude of gracious cooperation grew into a broader one of willing leadership.

I understand, Senator Williams, your proposed legislation will help provide many of the supporting services that make it possible for handicapped persons to use existing educational opportunities effectively, or they can be developed under its stipulations and the funding. These would include, I think, your individual prescriptions for learning; a child's program; inclusion of the handicapped in a regular school setting, so that he may learn to accept responsibility with his peers and for himself, and so that others may learn to accept him; and a formula for funding and a timetable for accomplishment.

As the parent of a retarded son, I would welcome this legislation.

In spite of the years of endeavor, and in spite of the Florida mandatory law and its 5-year plan to provide basic education and training for the school-aged handicapped, and in spite of living in a State that ranks very high in the numbers of handicapped persons served, we know of children who now are not being served at all or whose individual needs are not being met in their particular setting.

I'd like to describe a particular case, and this is of a multihandicapped girl now 10 years old, severely crippled by cerebral palsy, mentally retarded, and with very limited speech. She was enrolled in our Association-sponsored Division of Retardation funded developmental training program at the age of 4, when she was beginning to roll and crawl on the floor. Before she moved to another county last July she had learned to walk with crutches and braces, to feed herself, she'd been toilet trained and was learning to swim and to perform some self-care chores. She, with her family, moved to another Florida county in order to maintain the father's employment status.

Beginning 10 days after the move, the mother started investigating, as carefully as her abilities would permit, the educational opportunities for Jerri.

The parents completed a number of applications, submitted to tests and examinations, met appointments for interviews, and paid for medical and psychological exams. Eight months after first making application, 10-year-old Jerri, who had been in a training program for 5½ years in our county, was accepted in a program for 2 hours daily, provided the mother transport Jerri a distance of 7 miles and remain as her babysitter while Jerri attends this particular school. At the end of the first week the mother reported Jerri's instructions were coming from her, and at last hearing there is still no program for Jerri.

This happened in 1973 in one of the highest ranked States in terms of percentages of handicapped persons served. I think it demonstrates the need for further statewide help in designing, funding, evaluating, and accounting for local services for the handicapped. It emphasizes the need to provide services for the low-functioning handicapped, who may never qualify for a job but who certainly needs to know skills of self-help and self-care.

I sincerely hope that Senate bill No. 6 and the companion House bill receive favorable attention.

I want to thank you for the opportunity. We parents, at least 6,000 who are members of the Florida association, know we have a great deal more for our handicapped children than we had 15 years ago, but like parents of the normal, we want something even better for our children, particularly those who cannot speak for themselves. They still need and deserve something better. Thank you for your great effort in this behalf.

Senator WILLIAMS. Thank you very much, Mrs. Ward. You're familiar with the legislation. That's quite obvious. Is there anything superfluous in this legislation, is there any overdoing of what we're trying to accomplish here?

Mrs. WARD. Not overdoing; I think you're still underdoing in that we're not able to identify these children early enough. The high risk infant still has no tracer on him. We can't spot these things so that people can identify the problems early. We have made efforts in this behalf, but everybody's afraid of medical disclosure, and they don't want the labels on them. And yet if these high risk infants can be followed through and can be helped from the time they arrive, or they are 6 weeks old or 6 months old, I think the chances of alleviating particularly the learning disabilities are much higher than if we wait until parents are so desperate that they push out the walls and go to other resources.

Senator WILLIAMS. Are you familiar with the Rehabilitation Act that we have passed and repassed in Congress for the last 2 years?

Mrs. WARD. I followed it in general but not so specifically that I could speak in careful terms.

Senator WILLIAMS. Is anybody else familiar with it?

Mrs. GRIFFITH. Generally.

Senator WILLIAMS. You know that it was vetoed, and vetoed again, and it's still not law, because the veto was not overridden. One of the reasons assigned for this was that it was too ambitious, impractical in that respect, I just want to lay a little foundation for no veto of this when it is passed by Congress, and I have every hope and expectation that it will be. Does this—well, I think you've answered the question. There is nothing impractical and so ambitious that it would be ineffective in this legislation?

Mrs. WARD. Not in my book. I just feel that we can spin our wheels so long, and spend so much money and energy trying to do things that ought to be done more efficiently and effectively, that it's a shame not to.

Senator WILLIAMS. I just have a feeling that it wasn't that so much that led to the veto as it was the money that was to be spent in this area. I just wonder, have any of you had any opportunity to express all that you feel and know about the education and treatment and the services to the handicapped to anything other than a legislative body, to the executive side of our National Government?

Mrs. WARD. No. I wrote, but I don't hear.

Senator WILLIAMS. Who did you write to?

Mrs. WARD. I wrote to the President, but I haven't yet received even an acknowledgment that my letter was received.

Senator WILLIAMS. Well, I am so impressed with the value of what I've heard here today that I think this part of it—and maybe we'll find more in this part of our hearing process—I think I'll send this special delivery, hand delivered to the Director of the Office of Management and Budget. I think there's the man that just doesn't know, really, what is needed in terms of services to people of this country.

Mrs. WARD. We still have doctors, you know, that are saying to the young parents of these children, "Sign up for the institution," and this is without any recognition of how much it costs to place a child in an institution, how much it costs in the human values at home, and still never giving the child the kind of tender loving care, if you will, that he needs. This was told to us by a specialist 18 years ago, and they're still doing it.

Mrs. McGLANNAN. But no doctor who is reading his monthly Pediatric News is doing it, or should be doing it, because there are articles in there every month.

Mrs. GRIFFITH. They don't read.

Mrs. McGLANNAN. They should be forced to. That's why it should be made mandatory through this act. Unless medical cooperation is made mandatory, it will fail.

Mrs. WARD. These doctors left school 10 or 15 years ago, and they're not following some of the social problems.

Mrs. McGLANNAN. I have many, many, many children of doctors who are professors at the university medical school, enrolled as students in my school. They will speak.

Mrs. RASMUSSEN. What do we do now, as parents, those of us that are here and those that are not here? There are so many parents that are missing that should be here to speak their piece. What should we do?

Senator WILLIAMS. Well, in terms of this specific legislation, we have four States represented here. The value of your being here and your statements for the record is essential for consideration of this legislation. Now, we have four States; that means eight Senators. You know better than I the number of Representatives. I hope every one of them knows from you how you feel about this legislation. That's not an unfair request in terms of my colleagues, is it, Jim?

Senator WADDELL. No; I don't think so.

Senator WILLIAMS. It's an opportunity for them to know your experience and how you, from all of your background, know how things can be so much better for youngsters who come into life with or develop a disabling handicap. I know some of your Senators are already on record and support this. Certainly, Senator Hollings is one of our most eloquent advocates for this legislation and has significantly helped to improve it. Senator Chiles from Florida is another one, too. All people that are in Congress obviously are there because they want to serve the needs of our Nation, and this is a paramount need, as you know. So they will be helped by your personal letters to them, I know.

Thank you very much. Now we will recess for 5 minutes and then return with a panel of State representatives.

[Hearing recessed at 1:10 p.m. and resumed at 1:30 p.m.]

Senator WILLIAMS. Let's reconvene our hearing, and we look forward to the statements of State representatives, Dr. Charles Williams, Dr. Landis Stetler, and Dr. George Kahdy. Dr. Williams, we have you listed to lead off.

STATEMENT OF DR. CHARLES WILLIAMS, DEPUTY SUPERINTENDENT FOR INSTRUCTION, SOUTH CAROLINA STATE DEPARTMENT OF EDUCATION

Dr. WILLIAMS. Senator, I am Charlie Williams, Deputy Superintendent for Instrustion with the South Carolina State Department of Education, the division in which the program for the handicapped is administered in the State department.

I'd like to take just a moment to at least refresh my own thoughts on what generally has been the topic of discussion up to this point, before I move into my own comments, because as I've listened I've heard discussion about the rights of handicapped children for an education, the absence of programs, and the related problems thereto, the problems related to identification and evaluation techniques of handicapped children, the professional personnel and the competency to implement programs, and then the organization and teaching techniques around these programs. And I think this probably covered most everything except two topics that might be worth reviewing.

No. 1. I think probably the congressional leadership at the national level has led this Nation on several issues in attacking problems heretofore dragged out over time and probably hasn't been duly recognized. Adequate programs for migrants would be a similar type of program; special education program for culturally disadvantaged, Title I; vocational technical education; adult education; and now as we move into the realm of programs for the handicapped. I simply add that one to a series of programs that have been, in essence, initiated and guided through to fruition from the national level.

I also noted from earlier comments about the space lab being launched, or having been launched by this hour, that it was in 1957 and 1958 when the first Russian sputnik went up and this Nation panicked and implemented the National Defense Education Act, which led to the accomplishment of today, at which time South Carolina enrolled some 1,993 children in programs for handicapped. At this point in time, when the space lab has just been launched, and according to this morning's newspaper at a cost of $557 million, we enrolled 46,383 children this school year in programs for the handicapped. It's not altogether as fruitless and hopeless as it might look on the surface.

I would remind you and the other participants that as I have reviewed the five areas that I have seen develop into meaningful programs, that we're dealing with a program now that has long been overlooked. And looking back historically, it has been a program that has been administered by parents at home. Whatever the program of development or education, the parents did it at home, with the public assuming no responsibility. Over a period of time there have been philanthropic nonprofit organizations that tried to fill that gap. The third stage of development was a cooperative effort between the philanthropic organizations and the public-supported agencies, trying to further fill the gap, and I think it's noteworthy that we're here today, and I commend you for your leadership.

We're moving into an era when you're saying in your bill that it is a public responsibility and let's get on with the task.

I will not take the time to reiterate all of the issues that are related to the rights. I think you said it quite well a year ago this coming Wednesday, on May 16, when you introduced this bill originally, and you quoted part of it this morning, when you said, "The argument that our age-old institutions are not presently equipped to deal appropriately with handicapped children is no longer a sufficient excuse. If it is true, then our institutions must change. If our buildings and transportation systems are inaccessible to individuals with handicaps, then they must be altered. It is not a question of what is most convenient. We are talking about basic rights that have been neglected for too long."

In South Carolina, few, if any, would dispute the right of all handicapped children to have the advantages of a free public education. In fact, Legislative Act No. 977 of 1972 in South Carolina has legislatively settled that for us, and we can now move our attention to implementation. We have settled in this State the issue of whether it is right or not, and we have mandatory legislation that we are in the process of implementing.

SOUTH CAROLINA 5-YEAR PLAN

I would share with you some developments in this program. I have put on your desk a 5-year plan that was developed in 1971 that ties to your further comment as you introduced the bill. You made the statement that "This legislation also involves several other important initiatives. It requires the States to submit a State plan which will enable them to provide full and appropriate services to all handicapped children by 1976. It requires the identification of all handicapped children within the State, and assigns responsibility for the education of these children to the appropriate educational agency."

In support of your provision I would simply say that we have developed such a plan. It has been presented to our superintendents. They have responded with a draft of a plan for adequate programs for handicapped. The State board of education has developed a set of standards for implementing the act. It's also included in the book-let which I left with you, that we have a plan and we have State board action to implement the plan.

I cite this experience simply as evidence that a State plan, while challenging, is not overwhelming, and can be developed. South Carolina could submit a State plan under the provisions of your bill at this point in our program without undue delay.

I think a great deal of the disagreement with the bill in time would be whether or not the State could develop a plan to implement the provisions of the act. I share with you simply our efforts, as information to assist you in convincing your colleagues and the public to support your effort, that a State plan, while it might be challenging, is certainly not overwhelming and can be accomplished. And you may use that copy as you see fit.

In fact, I can summarize what I've said up to this point in one sentence, but don't ask me why I didn't. In South Carolina today we have a commitment and have developed a plan.

There is one other issue addressed in your bill, however, which is not covered here, and in your remarks you covered it again. "The education of handicapped children will not be costless. It's hard to argue to the States that the Federal Government is serious about full education opportunity for all handicapped children when we are not willing to invest money to make this goal a reality. If we are going to make a real commitment to full and appropriate services, and expect the States to carry through on this commitment, we will have to put our money where our mouth is."

May I present briefly the implications of the funding provisions of Senate bill 6 to South Carolina.

It has been estimated by some observers that an adequate program for handicapped children may cost twice as much as an adequate program for children enrolled in regular educational programs, and your bill proposes to provide to States and local systems a major portion—75 percent—of the excess cost entailed in educating the handicapped over and above costs ordinarily incurred in the education of students in regular programs.

We have estimated that had this bill received greater attention last year, when you introduced it, and been funded for this year, at our present cost, based upon a $600-per-child excess cost, it would have meant $21,150,000 to the State of South Carolina in implementing the provisions of our mandatory law and the provisions of the plan which I've presented to you. For the school year 1973–74—and this is based upon the projections in the plan, that move from our present enrollment of approximately 47,000, our plan calls for the enrollment of 60,000 youngsters in appropriate programs next year, and based upon the formula of your bill, at 75 percent of excess cost it would mean $27 million additional revenue to fund these programs in South Carolina, at least to the final year in your own projection of the bill.

We have projected at least 89,000 children being in programs for handicapped; holding the 1971 dollar value at $600, which is not realistic, it would mean $40 million revenue to the State of South Carolina to implement these programs.

I have quickly tried to review the three points that seem might be of some value as you continue to try to nurse your bill through the legislature. The commitment, I think, probably has been settled in South Carolina. The State plan issue has been settled. There are no requirements called for that we can't meet in submitting a State plan and do so without any undue delay. The fund allocation to this State would be significant and probably would mean a much more rapid implementation of the provisions of our own law.

Senator WILLIAMS. Say that again.

Dr. WILLIAMS. The passage of your bill, should you gain the support that you need, would mean a much more rapid implementation of adequate programs in the State of South Carolina.

Senator WILLIAMS. So there would be no doubt about it, in South Carolina, if this became law, the State would immediately do its part to qualify under the law and get the supplemental resources that are available here under the bill?

Dr. WILLIAMS. That's a question—the State department does not handle the appropriation. You might ask the senator there.

Senator WILLIAMS. You are ready, if the appropriations are made available at the State level. Is that it?

Dr. WILLIAMS. Yes, sir. Being facetious, at this point in time it simply would expedite and speed up the implementation of our program, probably from 3 to 4 years, and would be quite profitable and helpful to our State at this time.

Mr. WADDELL. Dr. Williams, do you know offhand how much we have in the bill this year specifically designated for the education of the handicapped?

Dr. WILLIAMS. It would go close to $20 million.

Mr. WADDELL. So we would be more than the master of the situation.

Senator WILLIAMS. Very good. Thank you.

Dr. WILLIAMS. In summary, it is readily obvious that your efforts and the efforts of the leadership of South Carolina are complementary in intent, to appropriately serve handicapped students. Your bill is directed at what seems to be the biggest remaining inequity in our system of public education. Adequate educational opportunities for handicapped children is humane, proper, and long overdue. We in South Carolina applaud you and support you for your leadership, and at least in the State Department of Education we're convinced that it would probably mean from 3 to 4 years in implementing the program here.

Senator WILLIAMS. Thank you very much, Dr. Williams. While I just skimmed this description of the 5-year plan, I can see that you have done a most comprehensive job of reaching the goal we all want to reach, the educational opportunity of all handicapped children.

Now, who is next? Shall we go from South Carolina to North Carolina?

STATEMENT OF DR. GEORGE KAHDY, DEPUTY ASSISTANT STATE SUPERINTENDENT FOR PROGRAM SERVICES, NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION; ACCOMPANIED BY WILLIAM R. GEORGE, ASSISTANT DIRECTOR OF THE DIVISION FOR EXCEPTIONAL CHILDREN

Dr. KAHDY. Senator Williams, I'm George Kahdy, deputy assistant State superintendent, North Carolina Department of Public Instruction, testifying for and representing Dr. A. Craig Phillips, the State superintendent of public instruction for North Carolina.

We appreciate your courtesy in allowing us to support S. 6 by presenting the views of the State Superintendent of Public Instruction. I have with me at this time Mr. William R. George, who is the Assistant Division Director of the Division for Exceptional Children, who will assist me in answering any questions that you might have.

North Carolina has come a long way in providing educational programs for handicapped children since it began directly providing services for special classes during the 1949 and 1950 school year. A total of 55 teachers were allotted to provide special education for 2,175 children, who were crippled, educable mentally retarded, hearing impaired, speech impaired, and visually impaired.

In 1957–58, the State began supplementing the cost of programs for 391 trainable mentally retarded children; and by 1971–72, the last school year for which statistics are complete, other categories were added, including the emotionally disturbed, learning disabled, and the multiply handicapped.

Some help is being given at the preschool level at this time.

During that year, the State allotted 2,160 teachers to work with approximately 75,000 handicapped children. Direct cost to the State for instructional programs was about $18,400,000, plus $3,040,000 for 3,228 trainable mentally retarded children, and an additional $840,000 for transportation of 16,600 children.

This does not include State staff administration costs for 30 State staff members of the Division for Exceptional Children, the cost of books and supplies, local or Federal efforts, nor does it include budgets of hospitals and other residential institutions which come under other departments.

The greatest amount of increase in programs for handicapped children has occurred during the past 4 years. In North Carolina, an average of approximately $719 per pupil was spent for public education, grades kindergarten through 12, during 1971–72. Of the total amount spent for public education, 66.8 percent was provided by the State, 16.2 percent came from Federal sources, and 18 percent was provided by local governments.

You can see from these figures that our lawmakers have made a good effort to meet the special needs of handicapped children in a State whose per capita income is 39th among the 50 States in the Nation. Nevertheless, this effort falls far short of meeting all of the needs of the handicapped in the manner that we desire. The State effort is continuing at a costly rate.

On recommendation of the Department, the North Carolina General Assembly, which is at this time completing its session, will likely provide the following additional special change budget for the coming fiscal year: An additional 200 teachers for exceptional children; funds to serve an additional 400 trainable mentally retarded children, and to increase the assistance of all trainable children by $90 a year, from $765 to $855; provision of some equipment for hearing impaired programs; provision of tuition grants of up to $1,200 each for as many as 62 children for whom no appropriate programs are available; provision of a new State staff section to furnish leadership in establishing programs in the learning disabilities area.

Nevertheless, all of these laudable efforts are falling short of adequately meeting the needs of all handicapped children. Incidence figures indicate that more than 50 percent of children with appreciable handicap conditions are receiving inadequate special help. The screening and placement system is weak. Psychological services are meager. Evidence is that some children are improperly placed.

Only a few of the largest of 152 school systems provide school psychologists. Appropriate equipment, materials, and supplies are not always made available. Very little is being done especially in the areas of emotional disturbance and learning disabilities. Most schools are at a loss as to what to do with multiple-handicapped children. Assessment and accountability are accomplished in only a few cases. Placement and followup activities need much improvement. Teacher inservice training, though showing improvement, needs to be stepped up. There are still too many teachers who are not properly certified. Facilities need improvement. Comparatively few aids are being utilized, and many seriously handicapped children are excluded, as we heard this morning.

Civil action is presently being taken against the State of North Carolina by the North Carolina Association for Retarded Children, Inc., in the U.S. district court. This suit is being instigated because the Association for Retarded Children feels that all handicapped children have a right to as much education as they can assimilate and that many are not receiving this service.

Parents and other interested people have expressed concern that schools cannot or will not accept children with handicaps that are more severe or different from those with which the school people are familiar. We have letters on file showing that parents are paying as much as $5,000 in tuition per year to send a handicapped child to a private school out of State. Other letters on file indicate that parents and local school people find it very difficult to provide educational programs for emotionally disturbed children who, at times, need a much lower teacher-pupil ratio and other special resources.

Another parent cites the case where her brain-damaged child had to travel 50 miles and change buses three times to attend a special class.

These are but a few examples of the difficulties which parents and local school people are facing.

Boards of education and local school administrators are frustrated. Most of them desire to provide adequate programs, but do not know from where the additional resources will come. At the same time, it appears that Federal funds might decrease. These concerns, plus the expanding costs of standing still, are becoming mammoth. Rapid social changes in the public schools of North Carolina have helped to drain local resources.

S. 6, therefore, in our opinion, is not only desirable, but absolutely necessary if our public schools are to provide a free, appropriate, individualized program for all handicapped children in the preschool, elementary, and secondary school levels by 1976. The outlook at present is that we will struggle to stand still in the years to come. The conditions outlined in the bill appear to be fair and appropriate. A few of the benefits to be derived, as we see them, are inclusion of all handicapped children who can benefit, better planned and managed total programs for handicapped children, reduction of fragmentation of efforts, more individualization of instruction, improved quality of instructional personnel, assessment, and accountability, more adequate resources, keeping children as much as possible in the mainstream, and better placement and followup of graduates.

To do less than this is counter to the philosophy of public education in this Nation. Concern for the worth and dignity of the individual is a premise upon which we, as a people, have taken pride. The facts are that our national efforts in behalf of handicapped children fall short of our words and our constitutional mandates.

North Carolina wants to do more. It commends the Senate committee for its initiation of S. 6 and pledges its full and enthusiastic support.

Senator **Williams**. Thank you, Dr. Kahdy.

Dr. **Kahdy**. Thank you.

Senator **Williams**. We'll continue with our panel. Dr. Stetler.

STATEMENT OF LANDIS STETLER, ED. D., FLORIDA STATE ADMINISTRATOR, EDUCATION FOR EXCEPTIONAL CHILDREN

Dr. **Stetler**. Senator Williams and members of the committee, I'm Landis Stetler, administrator of the exceptional child program in Florida, representing Commissioner Floyd Christian, commissioner of education in Florida.

We welcome this opportunity to testify before you and present some of Florida's goals and concerns in the education of handicapped children.

I've organized my formal testimony and my comments around a brief background of Florida's exceptional child program and where we stand; second, some of the constraints and problems we have in meeting the needs of all exceptional children; and third, some specific comments on Senate bill 6.

Since many things have been said, rather than be repetitious, rather than read I will attempt to summarize the comments that I have and hopefully save some time.

In 1968, a special session of the Florida Legislature mandated that all exceptional children be served by the 1973–74 school year. In order to meet this need, it was necessary to grow from approximately 30 percent of the number of exceptional children being served to 100 percent. In the first 4 years of this period we are now serving over 60 percent of the exceptional children, and last year served over 100,000 exceptional children.

If the legislature's posture stays where it was when I left Friday, Florida will be appropriating very close to $100 million just for public school exceptional child programs for the 1973–74 school year, to meet this mandate.

This has been a growing interest of about $10 to $12 million increase each year over this 6-year period.

Florida has committed itself to provide the teachers for exceptional children whenever the exceptional children present themselves for an appropriate instructional program. However, we do not want to imply that there are not very definite needs in order to meet appropriate services for these children.

One of our greatest problems is the need for resources and supportive services for the program. For example, how to develop programs of accountability, so that we can improve the quality of the program; how to do a better cost accountability, to create a more efficient program; how to provide State and local leadership, because where some States have been able to get State and local leadership, our efforts have gone into the provision of teachers, and often we feel a more satisfactory job could be done if some funds went toward leadership programs.

In the area of support services, such as diagnosis, psychological services, assessment, casework, medical, and psychiatric services are needed. Again we would point out that these need to be the kind of people who understand how to provide these services to exceptional children and not just any one of these professions who may not fully understand the type of appropriate needs.

There are needs for teacher aides if we are to provide for the severely handicapped individuals. There is a need for transportation services and the purchase of buses if we are to get the severely handicapped children into an appropriate grouping to provide an adequate program. There is also a need for facilities in a rapidly growing State that is constantly finding trouble in obtaining appropriate roofs for children's heads. There is also the need to provide renovation and additional spaces for speech therapists, resource rooms, and other things of this type, if we are to provide a mainstreaming of many of our children.

The effort to provide the programs for children below 3 years of age and to provide for the severely handicapped, the low trainable, autistic, and other children of this nature, are great.

Most of all, I think that we need flexibility. I think we need to be careful that we don't get caught in the idea that all services must be direct instructional services to children which can be evaluated in a performance base. The teacher and these instructional services are available. It's the support services that are needed if we are to provide a comprehensive quality program and meet the mandates that we have on our State and the proposed mandate outlined in the bill.

Now, I would like to take a look specifically at Senate bill 6. In section 4, the bill proposes to assist the States in providing a free appropriate education for handicapped children at the elementary and secondary school levels. Commissioner Christian has evidenced his interest and appreciation of any efforts that can be provided in funding for handicapped children, to assist the State in mutual planning and carrying out of this effort.

There are many things in the bill that are consistent with the philosophy that we now have, for instance, the mandated availability of education for all exceptional children; a commitment to program planning, and orderly reasonable program development; a commitment to individualization of instruction and programing, with accountability of school personnel and parents where appropriate; the commitment to impartial student evaluation procedures; the education of handicapped children in a regular school setting wherever practical; and the use of advisory committees to assist in the implementation of educational programs for the handicapped.

We have a few concerns that we would like to point out in the bill. First of all, the funding formula: In all of our efforts—and we are undergoing this in our State legislature right now—there has been very little data to have detailed information on cost accounting of education of handicapped children. It would seem that at least in the first years of the implementation of this bill, funds may be distributed on some type of a formula basis, based on either total population or student population, rather than attempting to determine cost factors, which are almost impossible to obtain.

In section 6–A–11, it is indicated that the State shall be required to keep a listing of all handicapped children within the State. We attempted such a thing in the early 1960's and found that it demanded considerable time to keep an updated listing of probably 200,000 children in the State and felt that such effort might be directed toward improving the instructional program. We would welcome, however, and encourage that such information be kept at the local level and the State be obligated to assure that this kind of information is available, although not necessarily collected at the State level.

We have somewhat of a concern about the waivering of the concern of special education. For some period of time all we heard was the mainstream of children, with little concern about the severely handicapped. Now, as a result of the court cases, we are finding a shift, and rightfully so, to the severely handicapped child. And so we would be hopeful that in developing criteria these would be broad enough and comprehensive enough to provide for the severely handicapped child that is often being excluded from school and for the moderately handicapped child who may be able to benefit by a combination of general and special education programs.

And lastly, I would like to point out that the amount of money allocated—$75,000—to the State eductaion agency for carrying out their share of this act is woefully inadequate. We now receive $100,000 when we only have an appropriation of $1 million. It would take an appropriation of $10 million to the State, with a 1 percent, to bring us up to $100,000. And you're asking us for a number of other State activities that I don't believe we would be able to perform. So I would hope that you might change the floor or the minimum to about $850,000 and maintain the 1 percent if the appropriation continues to increase.

I hope that this has given you some idea of where we stand, our concerns, and some suggestions we have. I would like to point out that the problems in States vary. The most essential thing can be flexibility, so that the States can use these funds to meet the needs that they have identified.

We thank you for your support and effort and interest in this program and we are very hopeful that some satisfactory conclusion can come as Congress deliberates on needs for handicapped children. Thank you.

Senator WILLIAMS. Thank you, gentlemen, all of you. You're very helpful. We're limited, of course, by time, but a couple of things occurred to me, and maybe Senator Waddell, too. These are areas of great interest to both of us, as you know, and now that we have a member of the State Senate here, maybe we can borrow you again, Senator Waddell.

It was pointed out earlier by one of our witnesses, Mrs. McGlannan, that there is a real need for a cooperative approach of psychology, medicine, and education—the triumvirate of professional attention focused here, for reaching the objective of the appropriate education for handicapped youngsters. I wonder if this cooperation of the various disciplines and professions has been brought to bear in your States at all.

Dr. **Stetler**. If I may react, sir, we agree 100 percent with Mrs. McGlannan, so much so that we have a bill before the State legislature right now for a 3-year phasein, at $2 million per year, to provide these kinds of support services. Now, often the statement is made, "Why don't you give the money to Mental Health or Crippled Children's or some group like this to do this?" And this can work out. However, what we're after is the kind of diagnosis and evaluation that relates to the instructional program for exceptional children, and we feel that the education system needs to be in a position to obtain and purchase the kind of services they need, rather than the kind that they may be given. And so I would hope that rather than—the feeling may be to shovel this money over into some other agency, which could be done, I would rather see it kept in control of education so they can get the kind of services they need that relate to instruction. And certainly with the type child we're talking about, the severely handicapped child, this triumvirate is necessary if we're going to get anyplace.

Dr. **Williams**. I would concur in the theory that the expertise and knowledge of the medical profession and the psychological profession and the education profession be brought to bear. I think in that mixture you have, by and large, one which is a private delivery system. Health services in this Nation is a private delivery system; if you can afford it and find it, you can have it. Education by and large is a public service, mandated. Psychological service at this point in time is a growing profession, for which there are not enough people to provide all these services. And I would certainly agree in the concept that if you can bring all of these to bear on evaluating and drawing out a prescription for a youngster in terms of what to do best for him or her over time, it would be most desirable. I think we're probably much nearer in drawing together the expertise and knowledge of the field of psychology and the field of education as we are able to produce more and employ more of this kind of psychological services in the public schools. The whole delivery of medical services is one that probably would not be quite as easy to iron out, simply because of the delivery system itself.

Dr. **Kahdy**. In North Carolina we have a governmental Commission on Children and Youth, whose main function it is, Senator, to pull together the activities of the various agencies that serve children, in an effort to bring about less duplication and more filling of the gaps. That's in its first year of operation, and hopefully there will be some good result come from that.

Mr. **George**. I might add there that also, so far as the psychology and tying together is concerned, psychological testing and this sort of thing that we give children were not designed to label children. They were designed to prescribe instruction for these children. I think maybe that this is what they were trying to get out. All too often we give the test and we sometimes misdiagnose and will label a child, and then the communication ceases. I think you've got to get more at how do you work with the child, how do you instruct the child, this sort of thing. And the psychologists and educators have to work together in the process.

Mr. WADDELL. I'd like to ask all three of you—I've asked Charlie this question on many occasions, but I've got a chance now to get some out-of-town experts on it. As you know, not only are we interested in the welfare of the people, but as a member of the Senate Finance Committee we are charged with the problem of appropriating funds for all projects. And we come back down again to a point which was raised earlier. I have read a ream of books on the educational cost of the exceptional child. I've got some very learned studies furnished by the Education Commission of the States. We have wrestled with this problem in some 20 States that I've been in, and I've posed the same question. Could you tomorrow break out of your cost system an adequate cost summary of the education of this child?

Dr. KAHDY. Yes, sir, I think we could. Of course, it varies with the various handicaps the child might have.

Mr. WADDELL. I understand that.

Dr. KAHDY. But I think that we can take the experience of the past and work up a cost analysis at this time.

Mr. WADDELL. I think Charlie is probably prepared for me because I've asked this question so often.

Dr. WILLIAMS. He has called for it, and we have provided it, and he knows we can. And the only thing left would be to enumerate them, which wouldn't add anything. I think that probably it would be administratively easier in the crankup of this program to have some kind of formula distribution in the initial year, but to say that it couldn't be done I don't think would be fair. It can be done. It would be a little difficult. It would make it easier to put time on programatic aspects if the bill could be translated into some kind of per pupil allocation, but that should not deter the action on the bill even if it called for per pupil cost determining.

Mr. WADDELL. And the only other question I've faced across this Nation, all the way from Alaska to Boston, is how do you finance this problem, and I think this is one of the answers. I think you will agree, I hope you will agree with me that it's going to take a Federal-State relationship. I don't think the resources of any of the States represented here—and we have the fastest growing State in the Nation, we have North Carolina—you talk about your per capita income; you should look at ours and take a wink at it and see where we go. Right now we're putting—what is it, Charlie?—62 cents out of every tax dollar, or a little more than that, into education.

Dr. WILLIAMS. About that.

Mr. WADDELL. So, Senator, we have about reached the limit of our resources, and it's going to take money to develop this, I think you will all agree, no matter what your resources, from Florida to North Carolina to South Carolina, as represented here.

Dr. WILLIAMS. It's not only going to take this relationship financially. I think it's going to take this relationship to overcome the progressive barier that I tried to refer to earlier of moving from whatever educational experiences handicapped children received as being provided by the parent at home, to come through the philanthropic approach to the public expense, before it's going to break through that lack of commitment from public expenses would encourage this relationship.

Senator Williams. Under the Vocational Education Act, there is a provision for a 10-percent set-aside for the handicapped. Now, has that been fully implemented in your States?

Dr. Kahdy. It has in North Carolina, by a State plan, by the vocational educational State plan it mandates that it is done, and we have; yes, sir.

EDUCATION REVENUE SHARING

Senator Williams. I'm not here on the special revenue-sharing bill, as you know; we are here on a categorical bill, which is a different approach to meeting the needs of the programs. However, do you have any observation on special revenue sharing and its promise or lack of promise in meeting what we all have addressed ourselves to, full, equal, appropriate education of the handicapped?

Dr. Williams. I can offer my observation. I think it would be disastrous. It would be disastrous from the standpoint of trying to keep priorities consistent with the needs. I tried to point out earlier that we're down probably to the last frontier, where the biggest gap exists in programs for the handicapped. Under the Better Education Act, provisions would still leave it up to take those money's that you are now talking about as categorical aid and put it into general education or into other needs; and the same thing is true with vocational funds, as we have historically committed the system of education to academically oriented youngsters. You would have the prerogative of directing those moneys in other areas. And my own observation, having looked at the provisions of the Better Education Act and the problems in trying to attack this problem, it would be disastrous to give much credence to the Better Education Act.

Senator Williams. Is it the Better Education Act, or Better Schools Act?

Dr. Williams. Better Schools Act, I believe.

Senator Williams. BS Act, they call it. [Laughter.]

Do any of you differ with Dr. Williams?

Dr. Kahdy. I agree.

Dr. Stetler. I agree.

Senator Williams. We can condense the testimony on the point, then, to describe it as a disaster?

Dr. Williams. In my personal and professional opinion, yes.

Senator Williams. I was going to suggest if you have any stronger way of expressing it, you could do it in a letter, but I don't know how you could express it any more strongly than that.

Gentlemen, we're very grateful indeed for your professional, knowledgeable statements in depth.

Our next panel of witnesses are school representatives Mrs. Thelma Salmond, Susan Pence, Dr. Rance Henderson, and Mrs. Mona McCubbin. I know you've all been here through this morning and early afternoon, and we appreciate your being with us. This is the anchor panel, so you will be the last to be heard today, but you'll be quoted again and again when we get back to our legislative shops in Washington. Mrs. Salmond, you're home, in Columbia, so we'll start with you.

STATEMENT OF MRS. THELMA SALMOND, COLUMBIA, S.C., TEACHER OF EDUCABLE RETARDED CHILDREN

Mrs. SALMOND. I'm Thelma Salmond, and I'm a teacher of the educable mentally retarded children, ages 7 through 11 at Roosevelt Village Elementary School here in the city.

Senators, ladies, and gentlemen, I am especially pleased to be a part of these proceedings today. While I have definite feelings and commitment to working with the handicapped, within the time frame since I was given notice of today's hearing I have not fully reduced to specifices several major concerns of special education teachers. However, previous speakers have addressed several of the issues and, I do want to reemphasize their significance.

In working with handicapped children, it is essential that an adequate number of supervisory specialists—including psychologists, speech pathologists, attendance and social workers, nurses, and guidance personnel—be available for consultation to classroom teachers. The experienced teacher can make it; maybe she can. But what about the beginning teacher? Now, I use the term adequate and I use it advisedly, because it isn't enough just to have a special services division with supervisory specialists chained to a desk or buried under paperwork. It is more important that the number of personnel be sufficient to render professional service where service is necessary. Now, this is one of our major weaknesses, and I believe that provisions under the proposed legislation will probably alleviate this condition.

Now, Senator Williams' bill will also enable the State to employ much-needed physical education teachers, music teachers, resource teachers, and teacher aides. S. 6 will enable the State and the district to purchase additional equipment and the needed materials for such a classroom. It will also make available in-service training programs for administrators; teachers, and parents. The bill will enable the State and the district to develop a systematic procedure for early identification of all children who present learning and adjustment problems.

It will also enable them to expand existing programs for all handicapped children.

My coordinator is here with me today, and something very important that I left out, and I'm going to put it in now. This is in connection with Vocational Rehabilitation. There is a need here to expand the actual training program of the students in that program. The program is pretty good, but it's just not good enough. Also, we have a problem with transportation of students. These are students who reside in one school zone, in one area of town, but there is no class in that particular zone, so they have to be transported to another side of town, or wherever is the closest area where there is a class that they may attend. So, therefore, we have a lack of transportation, and this sometimes deprives the students of a needed program.

I think that S. 6 is a real breakthrough for the handicapped. Thank you.

Senator WILLIAMS. We appreciate that very much, Mrs. Salmond. You encourage us to keep on. Now, Mrs. McCubbin.

STATEMENT OF MRS. MONA McCUBBIN, ACADEMIC SUPERVISOR, ATLANTA AREA SCHOOL FOR THE DEAF, GEORGIA DEPARTMENT OF EDUCATION, CLARKSTON, GA.

Mrs. McCUBBIN. My name is Mona McCubbin, and I am currently the academic supervisor in the primary program at the Atlanta Area School for the Deaf, in Clarkston, Ga. I am pleased to have this opportunity to testify at this hearing in support of Senate bill 6 introduced by Senator Williams, regarding education for all handicapped children. I am representing the Council of Education for the Deaf. Therefore, my testimony today will be directed solely to the area of the hearing handicapped child.

My experience at the Atlanta school has given me an insight to the problems involved in establishing and maintaining programs serving the hearing handicapped child.

Traditional modes of educating the deaf child in the South have been residential facilities. These types of educational services provided by the State require financial commitment in both the educational and maintenance areas. However, I feel Georgia has made a stride forward in establishing this year the Atlanta Area School for the Deaf. It is unique in that it is a completely State-funded total communication day school program serving eight counties in the metro-Atlanta area.

The establishment of this school was due partially to the State statute 453, passed in March of 1968. This bill requires that by 1976 the State board of education provide for the implementation of a statewide program for the education of exceptional children. The term exceptional, as used in the bill, is to include children who are mentally retarded, physically handicapped, speech handicapped, multiple handicapped, autistic, intellectually gifted, hearing impaired, visually impaired, and any other area of exceptionality which may be identified.

In an attempt to fulfill the requirements of the bill, a statewide plan was developed for each type of handicap cited. The statewide planning committee for the education of the hearing handicapped was composed of deaf adults; educators from both State, local, and private programs, representing different philosophies; parents; State and local consultants; and program administrators. This committee proposed a comprehensive plan for educating both the deaf and the hard-of-hearing children in the State of Georgia, encompassing residential school facilities, day schools and classes, and private schools and agencies. It was developed with the intention of serving all hearing handicapped from birth to 21 years of age. The plan includes a parent-infant program to be established at the regional schools.

This new concept has been implemented this year at the Atlanta school, where one teacher is working with parents and infants in the metro-Atlanta area. The proposed plan is presently being reviewed by the Georgia education authorities.

Based on figures taken from the U.S. Office of Education national incidence of preschool and school-age population, there are a total of 9,641 deaf and hard-of-hearing children this year in Georgia. Of this total, based on figures taken from the American Annals for the Deaf, there are 1,242 children being served in special programs for the hearing handicapped. This leaves a total of 8,399 hearing-impaired students who are not presently receiving additional services beyond the regular educational environment.

It should be clarified here that not all of these children require special classes or separate schooling. However, it is clear as to the magnitude of children that must be served by 1976 in Georgia.

According to the annals listings for Georgia, there are 190 teachers in the hearing-impaired programs this year. Using, then, the ratio derived from these figures of 1 teacher per 6.5 students, the increase of teaching staff to serve these additional students will be 1,292 teachers. This is only based on the 1972–73 population. By the 1976–77 school year, the total teaching positions needed to serve the total population will be even greater. I am sure similar figures could be provided for the other bordering States.

This teacher-pupil ratio of 1-to-6.5 for Georgia is generally considered to be an effective teaching situation. Although a national average is not available, research and practical experience has proven an effective classroom for the hearing-impaired child must be kept much lower than the regular educational setting. This ratio seems to be directly proportionate to the increase in age of the child. Many factors would have to influence the establishment of a suggested national teacher-pupil ratio for hearing-impaired classes. As is always stated but is nevertheless very true, it does depend upon the individual children and the type and severity of their handicap.

This lower teacher-pupil ratio is one of the extra financial costs involved for the States in providing the proper education. The deaf require, due to the lack of normal language acquisition, additional equipment, and materials to supplement the language and reading areas. With the deaf, much of the educational instruction must be visually oriented. This requires additional moneys for all types of audiovisual equipment. Also, to successfully utilize the residual hearing of deaf children, it is necessary for each classroom to be equipped with amplification units. To illustrate the expense of this, in our school alone this year we have invested $75,000 for auditory training equipment to serve 130 students.

The early diagnosis and evaluation of children with hearing impairments is of utmost importance. According to the proposed State plan for Georgia, there are to be diagnostic evaluation and counseling services in all regional centers throughout the State. This, of course, will involve specialized personnel, such as an audiologist, a psychologist, nurse, social worker, and consulting physician. All of these are additional, but very necessary, expenditures for the effective education of hearing-impaired children.

The 1972–73 average estimated per capita cost in the State-supported schools for the deaf in Georgia was $3,910. Although an exact per pupil cost for hearing-impaired students in the public school is not available, it would be considerably less. Using figures taken from Senator Williams' estimated costs by State tables, Georgia's average pupil expense for the handicapped child is $1,054. The estimated per pupil cost of educating nonhandicapped students in the State for this year was $705. There is a substantial increase in cost for educating the hearing-impaired child, regardless of the type program provided.

Total Federal moneys received in Georgia this year, earmarked for the education of the handicapped children, from title 1, 3, 6, and Public Law 90-576 was $2,981,727. The total State expenditure for educating the handicapped during the 1971-72 year was $18,906,000. Considering the broad scope of handicapped children that are to be provided special educational services and the costs involved in providing these services, one is overwhelmed at the extra financial burden this places upon the State and local district educational budgets.

I hope that my testimony today will help you to better evaluate the necessity for the passage of the bill for the education of the handicapped. Thank you.

Senator WILLIAMS. Thank you, Mr. McCubbin. Dr. Henderson?

STATEMENT OF DR. RANCE HENDERSON, SUPERINTENDENT, NORTH CAROLINA SCHOOL FOR THE DEAF, MORGANTON, N.C.

Dr. HENDERSON. Thank you, Senator Williams. My name is Rance Henderson, and I am currently superintendent of the North Carolina School for the Deaf, in Morganton, N.C.

I'm delighted to appear before you as a representative of the Council on Education of the Deaf and in behalf of the need for continued specific Federal financial support for programs serving persons with physical and/or mental impairment and for continued Federal financial support for training personnel for such programs. Indeed, it would be appropriate to ask for expansion of that funding.

It is not the intent that this testimony should be too personal. If it appears so, please accept these explanatory thoughts: First of all, education is a personal thing, especially for handicapped children. Second, my own personal experience has taken place at a time when Federal financial support brought new promise and hope to those of us who work with handicapped children.

Federal support of teacher-training programs made it possible for me to acquire the training needed to teach the hearing impaired. Immediately after the training I was employed by the Oregon School for the Deaf, which was shortly to be lifted into a time of new spirit and hope because new and needed programs became possible with the provision of Federal financial help.

Thereafter I was fortunate to be selected for a federally financed program to prepare persons to administer programs for the hearing impaired, a program needed for a long time and immediately realized with Federal support.

It then became my good fortune to be director of a regional day class program for the hearing impaired, which was both programmatic and demonstrative in nature and funding. This gave fantastic impetus to efforts to provide local, where appropriate, programs for the deaf and hard of hearing.

More recently I have been associated with the North Carolina School for the Deaf, where Federal funding presently makes it possible to carry on a quality teacher-training program and to provide children with personnel and material at a level greatly needed but available only with the use of Federal moneys.

EFFECTS OF CUTS IN FEDERAL SUPPORT

In short, the past decade or so has been a time of significant expansion of the efforts on behalf of handicapped children, and rightly so. It was a time of hope and optimism.

That hope and optimism is being replaced with fear and discouragement. Assurance and confidence dissipate in the face of uncertainty and a bewilderment with the nature of priorities.

The teacher-training programs which prepared me and hundreds of others, and which are still needed desperately, are being cut back in a way that makes it extremely difficult to plan, and most assuredly in a way that will result in a lack of trained personnel. Programs to train specialists, administrative and otherwise, are given termination notices, seemingly with a cold indifference to accomplishments and continuing need. Programs such as the one I mentioned in Illinois are being cut back to a level which can be supported locally, and in many cases that is criminally low. Our own school is faced with a severe reduction in proven-to-be effective services because of reductions in title I funds.

Those of us who are deeply concerned and disturbed by all of this are given far from satisfactory answers when we ask why. We are told that the cuts result from new priorities. Who established these priorities? Who was it who purposely placed handicapped children generally, and deaf children specifically, so low in priority? If, on the other hand, the sin was one of omission, rather than commission, then I would ask: Was there no one to advocate for these children? Should not there have been?

We are told that matters will be cared for by revenue sharing to the States. Will revenue sharing return significant amounts to the States? From this amount will adequate or same levels of support be set aside for and guaranteed for handicapped children?

Without the same level of support, with guarantees, there are the dangers of inadequate or no funding for handicapped children. There are great possibilities of the moneys being used for purposes which are more politically expedient or sensitive. This is an acute possibility when one considers the relative lack of political clout of parents of handicapped children. Moreover, consider the plight of deaf and hard of hearing children, handicapped first of all by the hearing loss, which imposes great difficulty in the acquisition of language, and second by an invisible impairment, and third by virtue of the low incidence of the problem.

Educators of the handicapped today are faced with tremendous charges, obligations, and challenges generally. In the field of deafness, to be more specific, we are faced with a growing number and percentage of prelingually deaf children. There are more seriously involved multiply impaired children who should be served from a humane view and who must be served according to recent judicial views. These services require much higher per capita costs.

These are exceptional children, and they are entitled to exceptional support. There is nothing as unequal as equal treatment for all children.

How is this exceptional service to be provided, and by whom?

I respectfully submit that the answer is not revenue sharing. The answer, in my opinion, is continued and greater financial support for specific needs of all handicapped children and for specific groups of handicapped children; for example, deaf and hard-of-hearing children. I further submit that there be built into the priority-making and money-spending system a clear advocacy provision for handicapped children; that is, a strong advocacy group which will be more interested in the needs of children than in the needs to comply with momentary administrative convenience or needs.

There are many fine people in the country devoting their lives to comforting the afflicted in various ways. There need to be some at the Federal level who will afflict those who are seemingly very comfortable with decisions that are, at most, indifferent to the needs of handicapped children and Federal responsibilities to provide for those needs.

The April 1973 issue of the Deaf American contained, in an article entitled "The Squeeze Is On," these words:

> At this writing, another Vocational Rehabilitation Act has been passed by the Congress and vetoed by President Nixon. The Senate has upheld his veto. An administration-sponsored bill is likely to be submitted. Nobody seems to know what it will contain in the way of programs for the deaf. The Department of Health, Education, and Welfare faces a general cutback and a reorganization of offices and agencies. Again, the picture is clouded. Nobody can plan ahead, at least not very far. The deaf have much at stake.

I submit that the deaf do have much at stake. So do all handicapped children. And I further submit, if they do, then we all have much at stake.

I want to thank you for the opportunity of appearing before you, and I want to state that I feel strongly that Senate bill 6 will answer many of the problems to which I have addressed myself in this paper. Thank you.

Senator WILLIAMS. Thank you very much. You heard some of the questions I put to the prior panel. You had already prepared your answers to our dilemma here on which road to take, in terms of special revenue sharing, and whether it is necessary to define with more specificity the goals we want to reach.

Miss Pence?

STATEMENT OF SUSAN PENCE, GREENVILLE, S.C., SPEECH AND HEARING CLINICIAN

Miss PENCE. Thank you. It's indeed a privilege for me to be here today and represent the South Carolina Speech and Hearing Association and to voice their support for Senate bill No. 6, Education for All Handicapped Children Act.

As a person who has been actively involved with a public school, language, and hearing program for the past 12 years, my personal support for this bill is overwhelming.

Through the testimonies of other persons who have preceded me today and during other hearings, research statistics have produced figures which justify the concerns of educating our special children. We are all aware of the needs of these children or we would not be here today. And I am positive that the main deterrent in the lack of services or the inadequacies of services is the lack of money.

Our own State legislature passed a marvelous 5-year plan for educating handicapped children. However, no direct funds were allotted for this bill. The burden of financing this plan was placed upon the local school districts, who were already staggering under inflated costs, additional services, and personnel required for accreditation, and a general public attitude of "You have already been given more money than we can afford now."

Since the State of South Carolina is already rated near the bottom of the ladder in many areas of education, the concern here with many legislators is to upgrade general educational programs. Effort and money is going to go in that direction first. To take large amounts of revenue and expect this to be earmarked for special education is not practical; and yet the needs of these special children are there.

With the lack of speech, language, and hearing personnel, we are not adequately able to locate all students with communicative disorders. Only the most obvious problems are detected by classroom teachers, and these students are referred for further testing. And nothing is being done in the area of prevention, which could be carried out through developmental language programs in kindergarten and first grade classes.

Senate bill 6 gives me hope that our students will be given the quality of services needed. One of our greatest concerns is transportation, particularly our hearing-impaired children, who must attend a school which is not usually the one assigned in the area for other children in that neighborhood. Many hearing-impaired students are at home, missing the language and socialization which they so desperately need.

And I would like to tell you very briefly about one child in my school district. This 5-year-old young girl has a moderate hearing loss, was enrolled in our kindergarten class, was beginning to lip-read and use oral language quite well. A neighbor brought this child to school for a while, but when the neighbor found a part-time job, the child remained at home, no longer able to attend school. Efforts on the part of our staff failed to find a ride for the child, and we have just recently been told by this family that next year they are planning to send this child to a residential school for the deaf, where she will use manual communication rather than oral language. The residental program is excellent for many children, but it does not fit the needs of this child.

The tragedy of this story is that this child will be taken out of the family environment at the age of 6, all because of the lack of a ride to school. And it will cost the State a larger amount of money for this child to become a residential student than to provide the transportation this child needs to go about 5 miles in our district.

A major concern of the members of the South Carolina Speech and Hearing Association is the lack of speech, language, and hearing services in rural areas. The primary cause of this appears to be a lack of personnel. It was not clear to me in reading this bill if funds could be used for training personnel, who could possibly pay back scholarships by working for a period of time in rural areas. I hope that this type service can be provided through this bill.

And I think one consideration which should be mentioned is that most persons with speech and language disorders are capable of being rehabilitated. Most of these are not permanent, and when they are dealt with by specifically trained speech and language clinicians they can become rehabilitated.

Please let me conclude by saying that I am greatly honored to present these views to you today. You may be assured that you have the enthusiastic and fullest support of the South Carolina Speech and Hearing Association, and we wish you the greatest of success with this bill.

Senator **Williams**. Thank you very much, Miss Pence.

I wonder now—we've had all of you support S. 6, the bill before us. I wonder if you have any ideas how this could be a better bill. I've had some suggestions made today in our recess periods. For example, one is the lack of focus on early discovery of disabilities that youngsters have. The lady is still here who mentioned premature births and some of the problems that follow. We have an age mentioned specifically, three.

Miss **Pence**. Has there been an age limit set on this at this time? Is it public school?

Senator **Williams**. The age for admittance to the public schools triggers release of the resources under the provisions of this legislation. That is what the date deals with in S. 6. But you say there is nothing directed to youngsters at an earlier age than that. In your area of hearing disability, if youngsters are born with this, is there routine test at birth?

Miss **Pence**. No. This is usually detected by parents, and then they bring the child to the speech and hearing center.

I'd like to mention one thing that we've been faced with in our town, that our local speech and hearing clinic has been taking the responsibility for these children. Well, some of them, they began working with parents as early as 7 months of age. But they're finding that they have to be self-supporting, unless the child is under Crippled Children's—in other words, you've got to be either very rich or very poor in order to have services for these children. There are so many childen who are in between. They really can't afford to pay the amount of money necessary to take a child to the speech and hearing clinic. They're not eligible to be under the Crippled Children's Society. And I know, in talking with our local speech and hearing people, they're saying that they are losing so much money on this preschool program that they are trying to find funds in order to continue this. And, of course, our concern is we don't get these children in public school until they're age four, and Iwant to know what's going to happen to them in between this time, if they can't find funds to continue these services.

Senator **Williams**. Any other observations on how we could address ourselves to some things that aren't specifically reached?

Dr. **Henderson**. The question that comes to my mind, Senator, is the relationship between this bill and the various programs for serving the hearing impaired. In some States you'll find two different modes for educating deaf and hard-of-hearing children. One, in local classes that are set up by various groups, such as the Department of Public Instruction and these classes, by the way, are funded in various ways. Sometimes they get help from title 6, sometimes from local units, and sometimes direct from the State department. Residential schools, by and large, are fully supported with a direct appropriation from the

State, with the exception, of course, of title I funds. And at least with the specter of the loss of title I funds, or at least with a severe reduction in that, perhaps hopefully the bill would provide for some way by which these funds could be replaced.

Senator **Williams.** We thought we had made it clear that this money is supplementary to any Federal contribution that is made now. Is that the problem you are worried about?

Dr. **Henderson.** Well, the problem we are faced with right now is the possible lack of Federal support that might come from changes or reductions in title I funding, you see. So the question that comes into this Revenue Sharing Act is we have asked our people regarding the status of title I funds. Now, we presently, per annum, receive about $250,000 at our school, under title I funding. Now, that has already been cut and has had already a serious effect on our programing. Now, in addition to being cut, we have heard at times that the title I funds would not even be available. We've heard this from various sources. And as we have asked the question, "Well, will there be any kind of replacement for these funds," we have been told on various occasions that this will all be taken care of through revenue sharing.

Senator **Williams.** This is without reference to our bill.

Dr. **Henderson.** So I'm simply saying that I'm hopeful that should title I funds not be available, that hopefully this bill here could help out in the way which we have received help previously from title I.

Senator **Williams.** As far as fiscal 1973 is concerned, while there was some early suggestion or notice that title I funds would be cut this year, that has been changed now, and you will be receiving your full amount, won't you?

Dr. **Henderson.** We have not received that information. We have just, in the past week or so, been forced to cut a summer school program by 25 percent because of reduction in title I funds.

Senator **Williams.** That's not fiscal 1973.

Dr. **Henderson.** The summer school program takes place in fiscal 1973, during the title I fiscal year.

Senator **Williams.** It begins during fiscal 1973, and it concludes in 1974. And you're in the dark on what you're going to get in the following fiscal year.

Dr. **Henderson.** Well, we know that we've been cut during fiscal 1973.

Dr. **Williams.** Senator, I might clear that up a little bit. Title I for the present school year has been funded, under a continuing resolution, at about 90 percent of last year's appropriation. The fiscal 1974 is under debate as to whether it will be a continuing resolution based on the 1970 census or with a guaranteed floor. The funding in title I for next year is so confusing you'd have to have another public hearing on it. But his observation that for the present year it has been reduced, because of the continuing resolution, is accurate. But next year is pure speculation on everybody's part at the moment.

Dr. **Henderson.** I think this is the point. I think there's a good commentary there, that in many ways these funds are so important to us, and yet the uncertainty that is a part of it really makes it difficult to use it effectively.

Senator **Williams**. That's no way to run a government, I'll tell you that. You think you have trouble—you ought to talk to the OEO people. They have it much worse. They got a new Director who came in with a proud announcement that he is in to kill the program, and then the court said he can't, but then he's under court order only as long as there is a program. I'll tell you, this mismanagement of government on the executive side is almost complete, and we've opened a floodgate of mismanagement here, I'll tell you.

Well, we're not here to lament that. We're here to constructively look at what is needed. Is that right? And let us together see whether we can't get the Williams-Hollings-Waddell bill passed. [Laughter.]

At this point we will print the prepared statements of all the witnesses who attended the hearing, along with all statements of those who could not attend and other pertinent material submitted for the record. Thank you all for joining us here today.

Senator **Williams**. The subcommittee stands adjourned.

[Whereupon the subcommittee adjourned subject to the call of the Chair.]

[The material referred to follows:]

State of South Carolina

JOHN C WEST
GOVERNOR

OFFICE OF THE GOVERNOR
COLUMBIA 29211

September 7, 1972

The Honorable Harrison A. Williams, Jr.
The Honorable Warren G. Magnuson
The Honorable Jennings Randolph
United States Senate
Committee on Labor and Public Welfare
Washington, D. C. 20510

Gentlemen:

Thank you very much for your letter and the information concerning the education of handicapped children and S. 3614.

This will be most helpful to us in our goal to provide education for all handicapped children. I am providing a copy of this information to all agencies having an interest in this important work.

Best regards.

Sincerely,

John C. West

JCW:DMB

cc: State Department of Education
Department of Public Welfare
State Board of Health
Department of Mental Retardation
Vocational Rehabilitation Department

STATE OF ALABAMA
GOVERNOR'S OFFICE
MONTGOMERY

GEORGE C. WALLACE
GOVERNOR

September 1, 1972

Honorable Harrison A. Williams, Jr.
United States Senator
Senate Office Building
Washington, D. C.

Dear Senator Williams:

Your recent letter wherein you provided me a copy of Senate Bill 3614 providing for expanded federal assistance for the education of handicapped children, has been received.

I am presently in the process of reviewing this legislation, after which I will be more than happy to discuss the same with John Sparkman and Jim Allen so that they might also add their constructive assistance.

Thank you very much for bringing this matter to my attention.

With kind regards, I am

Sincerely yours,

George C Wallace

George C. Wallace
Governor

STATE OF ARKANSAS
OFFICE OF THE GOVERNOR
LITTLE ROCK

DALE BUMPERS
GOVERNOR

September 5, 1972

The Honorable Harrison A. Williams, Jr.
U.S. Senator
Senate Office Building
Washington, D.C. 20510

Dear Senator Williams:

I've received your letter of August 23, 1972 regarding your sponsorship of S. 3614 introduced on May 16, 1972 and providing expanded federal assistance for handicapped children.

Since the consent decree in Pennsylvania we've been making plans to greatly expand appropriations for the education of handicapped children. It has put quite a strain on our already limited resources for public education.

I heartily endorse your bill and will be happy to assist in anyway toward its passage. I will visit with both Senators McClellan and Fulbright shortly to express my total approval of this bill.

You are most kind to advise me of the bill and your efforts to get it passed.

Kindest regards,

Sincerely,

Dale Bumpers
Dale Bumpers

DB/pp

STATEMENT OF

DR. DOROTHY A. FLEETWOOD

DIRECTOR

HABILITATION SERVICES

PARTLOW STATE SCHOOL AND HOSPITAL

ALABAMA DEPARTMENT OF MENTAL HEALTH

TO THE

SUBCOMMITTEE ON THE HANDICAPPED

OF THE

COMMITTEE ON LABOR AND PUBLIC WELFARE

U. S. SENATE

REGARDING

S.6 THE EDUCATION OF ALL HANDICAPPED CHILDREN ACT

MAY 14, 1973

Mr. Chairman, Members of the Subcommittee:

My name is Dorothy Fleetwood, and I have an earned doctoral degree in special education from the University of Alabama. I am Director of Habilitation Services at Partlow State School and Hospital, an institution for the mentally retarded within the Alabama Department of Mental Health located at Tuscaloosa, Alabama, and I am grateful for the opportunity to present this testimony concerning the education and training of handicapped children related to what is contained in Senator Williams' S.6. Partlow, the largest institution for the mentally retarded in Alabama, has been in operation since 1923, and houses approximately two thousand residents. Among these residents are children and adults with all types of the handicaps referred to in S.6, including some residents who test in the functioning levels of borderline or mild retardation, and some who test as not retarded.

I was a teacher at Partlow during the Summer of 1968 and was involved in a number of hours of practicum experiences during my three years of graduate work at the University of Alabama. I returned for employment at Partlow in June of last year after the issuance of the Wyatt vs. Stickney federal court order specifying implementation of the 49 standards stated therein (see Appendix 1). In the years between, I was employed at Troy State University in Southeast Alabama as Director of Special Education where I established and taught in a special education program for training teachers of handicapped children. During that time, I worked for passage of Alabama's Exceptional Child Education Act (106) which was signed into law by Governor Wallace in 1971 (see Appendix 2). In years past I have held positions teaching children with various types of handicap, as well as nonhandicapped children. I may have been invited to represent only Partlow and the Alabama Department of Mental Health in presenting this testimony, but I feel that I represent a much larger group of persons in Alabama -- former students in training as teachers of handicapped children, parents of handicapped children, and more importantly, the handicapped children themselves, in and out of our institutions. My pleasure in reading this bill adds to my gratefulness in being invited to present testimony. Senator Williams has presented a very fine bill in which are stated needs and possible solutions in the education and training of handicapped children. Unless we are ready to ask for the future's responsibilities of caring for these children as dependents upon us, with no feelings of worthiness, and at considerably greater cost to us, as indicated in this bill, we MUST provide them with the social and occupational skills required for survival as contributing members of our society, skills available to them only in special classes or with special services by qualified persons, which allow for their differences from what we call "normal" or "average." In a school system that does not provide services for such handicapped children, can we honestly say that there is something "wrong" with the children, or would it not be more nearly correct to say that there is something "wrong" with the system, that the system is inadequate rather than the children, since it can not provide for all of the children with needs? I am in wholehearted agreement with statements in the bill that these services of education and training should not be provided "out of the goodness of our hearts," but are the rights of all our handicapped children. An extremely significant aspect of this bill is reflected in the word "all." Even our Act 106 in Alabama, with which I am pleased, has an element of exclusion -- it authorizes services for all except the profoundly retarded. Another innovative aspect of S.6 is the requirement for an individual plan for each child. This we are involved in at Partlow, as prescribed by the court order, and it is a difficult task, but a necessary one in order to provide appropriate effective services according to each resident's needs. My strongest commendations go to Senator Williams for this bill.

There is tremendous difference in possible success to be expected in providing adequate services to the young handicapped child in sequence during his early developing years and in providing them to the older handicapped person who has passed through the developing years with little or no encouragement for attaining his potential. I am convinced that if we can provide services as prescribed in S.6 and can begin to reach these handicapped children at early ages, very few of them will be unable to function adequately in society. The number of school aged residents at Partlow is relatively small compared with the school's total population, and we face the extremely difficult task daily of trying to provide adequate educational and training services to older mentally retarded and otherwise handicapped institutionalized individuals for preparing them to function in the community. A policy has been in effect at Partlow since June of last year according the residents' right to receive "suitable educational services regardless of chronological age, degree of retardation or accompanying disabilities or handicaps," as specified by the court order. We at Partlow are committed to this concept and are making every effort to see that it is implemented. But it takes more than good will and intention to provide the services to the handicapped of any age -- it takes funds in large amounts to provide the trained people and the materials necessary to accomplish the job. In years past attempts have been made to provide educational services to residents at Partlow, but not until the federal court order with its directives and with additional sources of federal funding to attempt implementing the court order's standards were the Alabama Department of Mental Health and Partlow able to consider adequate services of education and training. The total budget for Partlow for this year is approximately 13½ million dollars as compared with approximately 6½ million two years ago, and in Partlow's report to the court in October of last year, it was estimated that in order to meet the staff ratio standards of the court order, it will take an additional nine and one-half million dollars. The statement has been made by the President's Committee on Mental Retardation that the ruling of this court order "establishes a principle that if voluntarily applied by other states, would greatly improve the lot of a quarter-million people without further legal action." I agree with this statement but also recognize that it may be unlikely that any state voluntarily applies the principle of Partlow's court order. A critical, continuing problem in implementation of coordinated programs in institutions is the lack of qualified staff to carry out effective programs. In attempting to carry out adequate programs and concentrating staff in certain areas of our campus, other areas are maintained at this time with inadequate programs due to lack of staff. Concentrated recruitment efforts have not yet provided staff in sufficient numbers to fully implement all standards of the court order. Each resident is fully evaluated by the Diagnostic and Evaluation area staff of Partlow, and an individualized habilitation plan is written for each resident based on the results of the diagnostic and evaluation reports. A staff member who meets the requirements specified by the court for a "Qualified Mental Retardation Professional" is assigned the responsibility of supervising the implementation of each of these plans. Training and habilitation programs are designed to foster independent living skills and to develop the residents' vocational and social potential to the point where community placement, or sheltered living may be possible for them. For those residents who are unlikely to find employment in the community, training is designed to develop those skills necessary to function within a family placement and to interact successfully in social situations in the community, such as shopping, use of leisure time, etc. I hasten to add that we have just begun, for it is a long, arduous road with many discouraging moments mixed with the excitement of the challenge. For the mildly and moderately retarded, short term residential services at Partlow are geared toward amelioration or modification of specific problems such as asocial behavior, physical disabilities, or special educational deficits. For the severely and profoundly retarded and those with multiply handicapping conditions, Partlow is developing specialized training programs aimed at providing these individuals with the opportunity and tools for a more self-rewarding and self-sustaining life. For only a very small minority is long-term care considered an appropriate substitute for family living; however, even though the direction of the Alabama Department of Mental Health and of Partlow is toward community placement for residents of the institutions, the difficulties in locating or establishing community facilities and services are tremendous. This is another whole area of need for development.

The court order for Partlow defines "habilitation" as a process used by the staff to assist the resident in acquiring and maintaining certain life skills enabling him to cope more effectively and to raise his level of efficiency physically, mentally, and socially, that it includes but is not limited to formal, structured education and training programs. The organizational structure of Partlow was changed within the past year in an attempt to establish a framework within which habilitation services could be provided residents more effectively than in the departmentalized structure which existed. A new management system was initiated utilizing a unit concept. The unit approach, a current trend in large institutions for the mentally retarded, was introduced on a small scale last year. Since that time, with the combined efforts of the Habilitation Services staff and the Nursing Services staff, further work has been done toward designing a unit approach which would more effectively allow development, implementation and supervision of programs to serve residents' needs.

Partlow's unit concept called for the regrouping of all residents into eight (8) living and program areas. The criteria utilized in formulating the units and in regrouping the residents were: functioning level, physical ability, age, and size of residents. All residents placed in a unit function in a homogeneous manner, have the same physical abilities, and are generally comparable in age and physical stature. All units are being organized into a system that will allow an upward flow of residents from one unit to another as the residents develop more adaptive skills. As a resident acquires a specified repertoire of behavior skills he will be moved into a unit which is designed to further increase his adaptive repertoire. Movement within this system will be from a more restrictive to a less restrictive environment.

In addition to the eight units, there will be a disruptive behavior cottage functioning as a mini unit. The Disruptive Behavior Unit will be designed to take residents from all eight large units on the basis of severe maladaptive behavior and develop an individual program for each resident to modify the specified behavior patterns. This program is viewed as short term intensive training with the goal of placing individual residents back into their appropriate units' programs as soon as possible.

Although the unit system does not replace the department structure entirely, it provides much more decentralization, with members of most areas, especially those concerned with programming, assigned to work with a particular unit. Effective program development, implementation, and supervision are facilitated when most professional and higher level administrative staff are housed in the area of the residents whom they serve.

Since most of the unit's professional staff members are housed in the areas which they serve, there is more awareness of actual problems and events in the daily lives of the residents, and the focusing of managers with the capability and authority to make decisions on the units permits more attention to residents and more effective and faster solutions to their problems.

Habilitation Services is structured into two areas-- program development and program implementation. Each unit has assigned from the Habilitation Services program implementation area a program coordinator and from the Nursing Services area a Registered Nurse supervisor, who will have joint management responsibility for the unit and for insuring that services are provided, all programs are implemented, and resident care is provided.

Members of all of the program development areas of Habilitation Services staff are either assigned to or represented at each unit. Program development areas include Communication Skills Services, Psychological Services, Social Services, Motivational and Academic Development Services, Vocational Services, Adaptive Physical Education and Recreation Services, Religious Services, and Volunteer Services. Each program development area is managed by a coordinator whose responsibilities include coordination of services to residents with the other areas.

The Communication Skills Services area is presently directed toward improving communication skills of those persons who are likely to be leaving strict residential care in the near future. Each of the four speech and hearing therapists presently on the staff is maintaining a case load of residents who fall in the above category, spending 26 to 30 hours per week in direct therapy activities. As the staff is enlarged, and as these therapists' case loads reduce, residents living in Unit III and functioning at a lower level than the residents presently being served, will be added.

Personnel in Psychological Services have been assigned to staff three of the nine units on campus. In the unit which serves residents who are classified as functioning within the range of mild or borderline retardation, several programs in self-care skills, social skills, and leisure time activities are being implemented while other programs are in the process of development. A comprehensive self-care skills program has recently been adopted for use with those residents who fall within the severe/profound range of intellectual functioning, to be implemented in Unit III. This training will include toilet training, feeding, grooming and dressing. Psychological Services staff members have been trained in the use of the program and will implement it. In the Disruptive Behavior Unit, Psychological Services staff will supervise and conduct implementation of behavior modification programs designed to eliminate specific undesirable behaviors and teach the residents appropriate behaviors. As the staff of this area is increased, they will be assigned to other units and program implementation expanded.

The area of Vocational Services is presently serving approximately 300 residents with activities to develop skills of a vocational nature. Evaluations are made through a three-week initial evaluation to determine needs in the areas of work adjustment, daily living, co-worker relationships, and to determine ways to help in the development of residents' fullest potentials. The ultimate goal in this area is to provide services in prevocational, vocational, and work activities for each resident. The prevocational area includes work activities to stress all types of work performance and work behavior that is needed for gainful employment. The vocational area is primarily concerned with training the individual for a specific type of employment which will provide the opportunity for success as a productive member of the community. The work activities area has as a primary concern establishing good worker traits within the individual. Each staff member of the Vocational Services area is responsible for evaluating, recommending, and carrying out the highest quality programs possible. Arts and Crafts activities will be provided residents within the units with the Arts and Crafts Supervisor in Vocational Services serving as a liaison to the units. Vocational Services staff is also responsible for the management of the Beacon Home, a transitional living arrangement in a home previously occupied by a staff physician on the campus, to provide experience and training in semi-independent living for six residents at a time for a period of three to six months.

The Motivational and Academic Development Services area is presently serving approximately 250 residents for varying periods of time in the Education Center. A sequential curriculum has been developed and consists of the following areas: language arts, gross motor skills, fine motor skills, emotional/social development including supplementary services of home economics, music, library, ceramics, and horticulture. Evaluations are a continuous process, and the curriculum will be adapted to meet the changing needs of the residents served. The services of this area are closely coordinated with those provided by other areas, especially so with the areas of Vocational Services and Communication Skills Services. As the staff is increased, services will be expanded to provide additionally for residents in their residential areas who cannot attend the Education Center. Occupational Therapy Services are presently subsumed in this area with one occupational therapist on the staff who is concentrating her activities in the motor-perceptual development area at this time.

The Adaptive Physical Education and Recreation Services area is presently serving residents on a daily basis in areas throughout the campus. The purpose of the adaptive physical education phase of the area is to help alleviate some handicapping conditions of residents and to develop within individual residents whatever skill levels they are capable of obtaining. The recreation phase complements the adaptive physical education phase and provides residents with activities in hours of least activity, coordinated with services provided by Psychological Services. This phase now provides regularly scheduled activities as well as special events. As staff is increased, services of this area will be expanded. Among the services provided by Adaptive Physical Education and Recreation Services are an aquatics program three times a week at the University of Alabama Natatorium for approximately 30 residents, some overnight camping, and a day camp during the summer months. Each unit has adaptive physical education staff assigned to function as members of the unit team staff and a liaison supervisor from Adaptive Physical Education and Recreation.

The Religious Services area presently provides formal worship services, Sunday School, and other religious education to numbers of residents at various levels of functioning. On Sunday mornings a formal worship service and Sunday School are held for residents of Unit I to provide experiences for worship meaningful within the institution and also to prepare for community living; and an additional worship service is held for residents of Unit VI and Unit VII. The Sunday afternoon and evening schedule includes three Sunday School classes, conducted by volunteers, and another worship service. Throughout the week activities include a small, religious education group on Monday afternoons, choir practice on Wednesday afternoons, and a small, open devotional on Thursday afternoons. In addition religious music activities are provided in groups and with individuals by a religious educator. Among services provided residents by churches in the area are a Catholic Mass once a week by the Apostolate to the Mentally Retarded of the Birmingham Diocese of the Catholic Church; activities once a week by Christ Episcopal Church, the Methodist Wesley Foundation, and once a month by the University Presbyterian Church Youth Group, all of Tuscaloosa.

The area of Volunteer Services has been established at Partlow to provide structured programs in the training and utilization of volunteers. Volunteers will provide an effective supplementary service to professional and non-professional staff members. The area will extend into the community in such areas as encouraging the promotion and contribution of personal services and usable goods. The planning and scheduling of the University students to participate in practicum experiences, internships, and field work experiences will also be one of the area's responsibilities. Volunteer Services can provide many useful services for the residents as well as meaningful experiences for those taking part in its activities.

Supplemental and additional services have been provided in some of the Habilitation Services areas with funds provided by Vocational Rehabilitation Services funds, HIP-HIST funds, and Title I funds through the State Department of Education. Many of the services at Partlow that federal funds have made possible could not have been provided without those funds.

I am somewhat aware of the pressures you are under with reference to funding situations at this time; however, I must plea for provisions of service to our handicapped children as described in this S.6, provisions which are their rights!

Thank you.

Dorothy Fleetwood

Dr. Dorothy A. Fleetwood, Director
Habilitation Services
Partlow State School and Hospital
Alabama Department of Mental Health
Tuscaloosa, Alabama 35401

Appendix

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE

DISTRICT OF ALABAMA, NORTHERN DIVISION

RICKY WYATT, by and through his aunt and legal guardian, Mrs. W. C. Rawlins, Jr., ET AL., for themselves jointly and severally and for all others similarly situated,

Plaintiffs,

vs.

DR. STONEWALL B. STICKNEY, as Commissioner of Mental Health and the State of Alabama Mental Health Officer; JOHN V. HOTTEL, as Deputy Commissioner of Mental Health of Alabama and as Interim Superintendent of Partlow State School and Hospital at Tuscaloosa; DR. JAMES C. FOLSOM, individually and as Deputy Commissioner for Hospitals of the Alabama State Board of Mental Health; DR. JAIME E. CONDOM, individually and as Superintendent of Searcy Hospital at Mount Vernon, Alabama; CARL M. BOLEY, DR. CLAUDE L. BROWN, JR., DR. PAUL W. BURLESON, ED T. HYDE, DR. J. PAUL JONES, DR. JOHN A. MARTIN, FRANK M. MOODY, DR. ROBERT PARKER, WILLARD SMITH, DR. EVERET STRANDELL, DR. J. GARBER GALBRAITH and JACK NOLEN, as Trustees of the Mental Health Board of Alabama; THE ALABAMA MENTAL HEALTH BOARD, a public corporation; GEORGE C. WALLACE, as Governor of Alabama; and PERRY O. HOOPER, as Judge of Probate of Montgomery County, Alabama, and all other Judges of Probate of Alabama, jointly and severally, who are similarly situated; and all of their successors in each office,

Defendants,

UNITED STATES OF AMERICA, the AMERICAN PSYCHOLOGICAL ASSOCIATION; the AMERICAN ORTHOPSYCHIATRIC ASSOCIATION; the AMERICAN CIVIL LIBERTIES UNION; and the AMERICAN ASSOCIATION ON MENTAL DEFICIENCY,

Amici Curiae.

CIVIL ACTION NO. 3195-N

(Partlow State School and Hospital)

RECEIVED

WRIT OF INJUNCTION

To the above named defendants:

TAKE NOTICE that you are hereby ENJOINED and ORDERED as more particularly set out in the order and decree entered by this Court in this cause and filed with the Clerk of this Court on this date, a copy of which is herewith served upon each of you.

This writ of injunction is issued in accordance with said order and decree.

WITNESS my hand and the seal of this Court on this the 13th day of April, 1972, at Montgomery, Alabama.

JANE P. GORDON
Clerk of the United States District Court
for the Middle District of Alabama
By: Marie Thurman
Deputy Clerk

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE
DISTRICT OF ALABAMA, NORTHERN DIVISION

FILED
APR 13 1972
JANE P. GORDON, CLERK
BY ____________
DEPUTY CLERK

RICKY WYATT, by and through his aunt and legal guardian, Mrs. W. C. Rawlins, Jr., ET AL., for themselves jointly and severally and for all others similarly situated,

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Defendants,

UNITED STATES OF AMERICA, the AMERICAN PSYCHOLOGICAL ASSOCIATION; the AMERICAN ORTHOPSYCHIATRIC ASSOCIATION; the AMERICAN CIVIL LIBERTIES UNION, and the AMERICAN ASSOCIATION ON MENTAL DEFICIENCY,

Amici Curiae.

CIVIL ACTION NO. 3195-N

(Partlow State School and Hospital)

ORDER AND DECREE

This litigation originally pertained only to Alabama's mentally ill,[1/]

[1/] On March 12, 1971, in a formal opinion and decree, this Court held that patients involuntarily committed to Bryce Hospital because of mental illness were

(Contd.)

but, by motion to amend granted August 12, 1971, plaintiffs have expanded their class to include residents of Partlow State School and Hospital, a public institution located in Tuscaloosa, Alabama, designed to habilitate the mentally retarded.[2] In their amended complaint, plaintiffs have alleged that Partlow is being operated in a constitutionally impermissible fashion and that, as a result, its residents are denied the right to adequate habilitation. Relying on these allegations, plaintiffs have asked that the Court promulgate and order the implementation at Partlow of minimum medical and constitutional standards appropriate for the functioning of such an institution. Plaintiffs have asked also that the Court appoint a master and a professional advisory committee to oversee the implementation of judicially ordered guidelines and appoint a human rights committee to safeguard the personal rights and dignity of the residents. Finally plaintiffs have requested the Court to grant various forms of relief intended to ameliorate the financial difficulties certain to arise in connection with the upgrading of Alabama's public

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1/ Contd.
being deprived of the constitutional right, which they unquestionably possess, "to receive such individual treatment as [would] give each of them a realistic opportunity to be cured or to improve his or her mental condition." *Wyatt* v. *Stickney*, 325 F. Supp. 781 (M.D. Ala. 1971). On August 12, 1971, the Court granted plaintiffs' motion to add to the lawsuit patients confined at Searcy Hospital, Mount Vernon, Alabama, another institution which, although designed to treat the mentally ill, failed to do so in accordance with constitutional standards. The Court, having unavailingly afforded defendants an opportunity to promulgate and effectuate minimum standards for adequate treatment of the mentally ill, determined on December 10, 1971, that such standards had to be judicially formulated and ordered implemented. *Wyatt* v. *Stickney*, 334 F. Supp. 1341 (M.D. Ala. 1971). To that end, the Court conducted a hearing on February 3-4, 1972, at which the parties and amici submitted proposed standards for constitutionally adequate treatment, and presented expert testimony in support of the proposals. The aspect of the case relating to the Bryce-Searcy facilities will be considered by the Court in a decree separate from the present one.

2/ As expressed by amici in their briefs and substantiated by the evidence in this case, *mental retardation* refers generally to subaverage intellectual functioning which is associated with impairment in adaptive behavior. This definitional approach to mental retardation is based upon dual criteria: reduced intellectual functioning and impairment in adaptation to the requirements of social living. The evidence presented reflects scientific advances in understanding the developmental processes of the mental retardate. The historic view of mental retardation as an immutable defect of intellegence has been supplanted by the recognition that a person may be mentally retarded at one age level and not at another; that he may change status as a result of changes in the level of his intellectual functioning; or that he may move from retarded to nonretarded as a result of a training program which has increased his level of adaptive behavior to a point where his behavior is no longer of concern to society. See United States President's Panel on Mental Retardation, Report of the Task Force on Law, 1963. (Judge David L. Bazelon, Chairman.)

mental health institutions.[3]

On February 28-29, 1972, the Court conducted a hearing on the issues formulated by the pleadings in this case. Evidence was taken on the adequacy of conditions currently existing at Partlow as well as on the standards requisite for a constitutionally acceptable minimum habilitation program. The parties and amici[4] stipulated to a broad array of these standards and proposed additional ones for the Court's evaluation. The case now is submitted upon the pleadings, the evidence, the stipulations, and the proposed standards and briefs of the parties.

Initially, this Court has considered plaintiffs' position, not actively contested by defendants, that people involuntarily committed[5] through noncriminal procedures to institutions for the mentally retarded have a constitutional right to receive such individual habilitation as will give each of them a realistic opportunity to lead a more useful and meaningful life and to return to society. That this position is in accord with the applicable legal principles is clear beyond cavil. In an analogous situation involving the mentally ill at Bryce Hospital, this Court said:

> "Adequate and effective treatment is constitutionally required because, absent treatment, the hospital is transformed 'into a penitentiary where one could be held indefinitely for no convicted offense.' Ragsdale v. Overholser, 281 F.2d 943, 950 (D.C. Cir. 1960). The

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[3] More specifically, in a motion filed September 1, 1971, and renewed March 15, 1972, plaintiffs have asked that they be permitted to join various state officials as defendants in this case. Plaintiffs maintain that these officials, including, among others, the members of the State Legislature and the treasurer and the comptroller of Alabama, are necessary parties for the attainment of complete relief. Among the relief plaintiffs seek in connection with the state officials is an injunction against the expenditure of state funds for non-essential functions of the state until enough money is available to provide adequately for the financial needs of the Alabama Mental Health Board. In addition, plaintiffs have asked the Court to order the sale of a portion of defendant Mental Health Board's land holdings and other assets and to enjoin the Board from the construction of any physical facilities, including any planned for regional centers.

[4] The amici in this case, including the United States of America, the American Orthopsychiatric Association, the American Psychological Association, the American Civil Liberties Union, and the American Association on Mental Deficiency, have performed invaluable service for which this Court is indeed appreciative.

[5] The Court will deal in this decree only with residents involuntarily committed to Partlow because no evidence has been adduced tending to demonstrate that any resident is voluntarily confined in that institution. The Court will presume, therefore, that every resident of Partlow is entitled to constitutionally minimum habilitation. The burden falls squarely upon the institution to prove that a particular resident has not been involuntarily committed, and only if defendants satisfy this difficult burden of proof will the Court be confronted with whether the voluntarily committed resident has a right to habilitation.

> purpose of involuntary hospitalization for treatment purposes is *treatment* and not mere custodial care or punishment. This is the only justification, from a constitutional standpoint, that allows civil commitments to mental institutions such as Bryce." *Wyatt v. Stickney*, 325 F. Supp. at 784.

In the context of the right to appropriate care for people civilly confined to public mental institutions, no viable distinction can be made between the mentally ill and the mentally retarded. Because the only constitutional justification for civilly committing a mental retardate, therefore, is habilitation, it follows ineluctably that once committed such a person is possessed of an inviolable constitutional right to habilitation.[6]

Having recognized the existence of this right, the Court now must determine whether prevailing conditions at Partlow conform to minimum standards constitutionally required for a mental retardation institution. The Court's conclusion, compelled by the evidence, is unmistakably clear. Put simply, conditions at Partlow are grossly substandard. Testimony presented by plaintiffs and amici has depicted hazardous and deplorable inadequacies in the institution's operation.[7]

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[6] It is interesting to note that the Court's decision with regard to the right of the mentally retarded to habilitation is supported not only by applicable legal authority, but also by a resolution adopted on December 27, 1971, by the General Assembly of the United Nations. That resolution, entitled "Declaration on the Rights of the Mentally Retarded", reads in pertinent part:

> ". . . The mentally retarded person has a right to proper medical care and physical therapy and to such education, training, rehabilitation and guidance as will enable him to develop his ability and maximum potential."

[7] The most comprehensive testimony on the conditions currently prevailing at Partlow was elicited from Dr. Philip Roos, the Executive Director for the National Association for Retarded Children. Dr. Roos inspected Partlow over a two-day period and testified as to his subjective evaluation of the institution. In concluding his testimony, Dr. Roos summarized as follows:

> ". . . I feel that the institution and its programs as now conceived are incapable of providing habilitation of the residents. Incarceration, certainly for most of the residents, would I feel have adverse consequences; would tend to develop behaviors which would interfere with successful community functioning. I would anticipate to find stagnation or deterioration in physical, intellectual, and social spheres. The conditions at Partlow today are generally dehumanizing, fostering deviancy, generating self-fulfilling prophecy of parasitism and helplessness. The conditions I would say are hazardous to psychological integrity, to health, and in some cases even to life. The administration, the physical plants, the programs, and the institution's articulation with the community and with the consumers reflect destructive models of mental retardation. They hark back to decades ago when the retarded were misperceived as being sick, as being threats to society, or as being subhuman organisms. The new concepts

(Contd.)

Commendably, defendants have offered no rebuttal.[8] At the close of the testimony, the Court, having been impressed by the urgency of the situation, issued an interim emergency order "to protect the lives and well-being of the residents of Partlow." In that order, the Court found that:

> "The evidence . . . has vividly and undisputedly portrayed Partlow State School and Hospital as a warehousing institution which, because of its atmosphere of psychological and physical deprivation, is wholly incapable of furnishing [habilitation] to the mentally retarded and is conducive only to the deterioration and the debilitation of the residents. The evidence has reflected further that safety and sanitary conditions at Partlow are substandard to the point of endangering the health and lives of those residing there, that the wards are grossly understaffed, rendering even simple custodial care impossible, and that overcrowding remains a dangerous problem often leading to serious accidents, some of which have resulted in deaths of residents." Wyatt v. Stickney, March 2, 1972. (Unreported Interim Emergency Order.)

Based upon these findings, the Court has concluded that plaintiffs have been denied their right to habilitation and that, pursuant to plaintiffs' request, minimum standards for constitutional care and training must be effectuated at Partlow. Consequently, having determined from a careful study of the evidence that the standards set out in Appendix A to this decree are medical and constitutional minimums, this Court will order their implementation.[9] In so ordering, the Court emphasizes that these standards are, indeed, minimums only peripherally approaching the ideal to which defendants should aspire.

7/ Contd.

> in the field of mental retardation are unfortunately not reflected in Partlow as we see it today--concepts such as normalization, developmental model in orientation toward mental retardation, the thrust of consumer involvement, the trend toward community orientation and decentralization of services; none of these are clearly in evidence in the facility today."

8/ Indeed, on February 22, 1972, defendants filed with the Court a statement of position providing in relevant part that:

> "Assuming that such a federal constitutional obligation exists . . ., defendants will not contest the factual accuracy of an ultimate finding . . . that defendants have not met the constitutional obligation to provide adequate care at [Partlow], . . ."

At the hearing, defendants adopted the testimony of Dr. Roos in its entirely.

9/ In addition to the standards detailed in this order, it is appropriate that defendants comply also with the conditions, applicable to mental health institutions, necessary to qualify Partlow for participation in the various programs, such as Medicare and Medicaid, funded by the United States Government. Because many of these conditions of participation have not yet been finally drafted and published, however, this Court will not at this time order that specific Government standards be implemented.

it is hoped that the revelations of this case will furnish impetus to defendants to provide physical facilities and habilitation programs at Partlow substantially exceeding medical and constitutional minimums.

For the present, however, defendants must realize that the prompt institution of minimum standards to ensure the provision of essential care and training for Alabama's mental retardates is mandatory and that no default can be justified by a want of operating funds. In this regard, the principles applicable to the mentally ill apply with equal force to the mentally retarded. See Wyatt v. Stickney, 325 F. Supp. at 784-85.

In addition to requesting that minimum standards be implemented, plaintiffs have asked that defendants be directed to establish a standing human rights committee to guarantee that residents are afforded constitutional and humane habilitation. The evidence reflects that such a committee is needed at Partlow, and this Court will order its initiation. This committee shall have review of all research proposals and all habilitation programs to ensure that the dignity and human rights of residents are preserved. The committee also shall advise and assist residents who allege that their legal rights have been infringed or that the Mental Health Board has failed to comply with judicially ordered guidelines. At reasonable times the committee may inspect the records of the institution and interview residents and staff. At its discretion the committee may consult appropriate, independent specialists who shall be compensated by the defendant Board.[10/] The Court will appoint seven members to comprise Partlow's human rights committee, the names and addresses of whom are set forth in Appendix B to this decree. Those who serve on the committee shall be paid on a per diem basis and be reimbursed for travel expenses at the same rate as members of the Alabama Board of Mental Health.

Plaintiffs, as well as amici, also have advocated the appointment of a federal master and a professional advisory committee to oversee the implementation of minimum constitutional standards. These parties maintain that conditions at Partlow largely are the product of shameful neglect by the state officials charged with responsibility for that institution. Consequently,

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10/ The recitation of the licenses of this committee, and similarly, of the committees to be inaugurated at the Bryce and Searcy facilities, is not intended to be inclusive. The human rights committee of each mental health institution shall be authorized, within the limits of reasonableness, to pursue whatever action is necessary to accomplish its function.

plaintiffs and amici insist, these state officials have proved themselves incapable of instituting a constitutional habilitation program. Although this Court acknowledges the intolerable conditions at Partlow and recognizes defendants' past nonfeasances, it, nevertheless, reserves ruling on the appointment of a master and a professional advisory committee.[11] Federal courts are reluctant to assume control of any organization, but especially one operated by a state. This Court, always having shared that reluctance, has adhered to a policy of allowing state officials one final opportunity to perform the duties imposed upon them by law. See e.g., Sims v. Amos, 336 F. Supp. 924 (M.D. Ala. 1972); Nixon v. Wallace, C.A. No. 3479-N, M.D. Ala., January 22, 1972. Additionally, since the entry of the interim emergency order of March 2, 1972, defendants have worked diligently to upgrade conditions at Partlow in conformity with court-established deadlines. These factors, combined with defendants' expressed intent that the present order will be implemented forthwith and in good faith, cause the Court to withhold its decision on the appointments. Nevertheless, this Court notes, and the evidence demonstrates convincingly, that the operation of Partlow suffers from a virtual absence of administrative and managerial organization. This long-enduring organizational deficiency has been intensified by the lack of dynamic, permanent leadership. Regrettably, the problem has remained unresolved over the span of this litigation and, indeed, has been compounded by the appointment of acting and interim superintendents. The massive program of reform and reorganization to be launched at Partlow requires the guidance of a professionally qualified and experienced administrator. Consequently, this Court will order that defendants employ such an individual on a permanent basis. Should defendants fail to do so, or otherwise fail to comply timely with the provisions of this decree, the Court will be obligated to appoint a master.

The Court also reserves ruling upon plaintiffs' motion that defendant

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[11] The Court's decision to reserve ruling on the appointment of a master causes it to reserve ruling also on the appointment of a professional advisory committee to aid the master. Nevertheless, the Court notes that the professional mental health community in the United States has responded with enthusiasm to the proposed initiation of such a committee to assist in the upgrading of Alabama's mental retardation services. Consequently, this Court strongly recommends to defendants that they develop a professional advisory committee comprised of amenable professionals from throughout the country who are able to provide the expertise the evidence reflects is important to the successful implementation of this order.

Mental Health Board be directed to sell or encumber portions of its extensive land holdings. Similarly, this Court reserves ruling on plaintiffs' motion seeking an injunction against the expenditure of state funds for nonessential functions of the state, and on other aspects of plaintiffs' requested relief designed to ameliorate the financial problems incident to the effectuation of minimum medical and constitutional standards. The Court reserves these rulings despite the fact that the primitive conditions, as well as the atmosphere of futility and despair which envelops both staff and residents at Partlow, can be attributed largely to dire shortages of operating funds. By withholding its decisions, the Court continues to observe its long-standing policy of deferring to state organizations and officials charged by law with specified responsibilities. The responsibility for appropriate funding ultimately must fall, of course, upon the State Legislature and, only to a lesser degree, upon the defendant Mental Health Board. Unfortunately, never, since the founding of Partlow in 1923, has the Legislature adequately provided for that institution.[12] The result of almost fifty years of legislative neglect has been catastrophic; atrocities occur daily.[13] Although, in fairness, the present State Legislature can be faulted relatively little for the crisis situation at Partlow, only that body can rectify the gross omissions of past Legislatures. To shrink from its constitutional obligation at this critical juncture would be to sanction the inhumane conditions which plague the mentally retarded of Alabama. The gravity and immediacy of the situation cannot be overemphasized. At stake is the very preservation of human life and dignity. Consequently, a prompt response from the State Legislature, as well as from the Mental Health Board and other responsible state officials, is imperative.

In the event, though, that the Legislature fails to satisfy its well-defined constitutional obligation and the Mental Health Board, because of lack of funding or any other legally insufficient reason, fails to implement fully the standards herein ordered, it will be necessary for the Court to take affirmative steps, including appointing a master, to ensure that proper funding is realized[14] and that adequate habilitation is available for the mentally retarded of Alabama.

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[12] By defendants' admission, Partlow State School and Hospital always has been a "step-child" of the state--never having received the public support it so desperately required. Not until the short term in office of Governor Lurleen Wallace was any emphasis placed upon securing adequate care for Alabama's mentally retarded. Beginning with Mrs. Wallace's tenure in 1956, the budget for mental health has increased but remains woefully short of the minimum required for constitutional care.

[13] A few of the atrocious incidents cited at the hearing in this case include the following: (a) a resident was scalded to death by hydrant water; (b) a resident was restrained in a strait jacket for nine years in order to prevent hand and finger sucking; (c) a resident was inappropriately confined in seclusion for a period of years, and (d) a resident died from the insertion by another resident of a running water hose into his rectum. Each of these incidents could have been avoided had adequate staff and facilities been available.

Finally, the Court has determined that this case requires the awarding of a reasonable attorneys' fee to plaintiffs' counsel. The basis for the award and the amount thereof will be considered and treated in a separate order. The fee will be charged against the defendants as a part of the court costs in this case.

To assist the Court in its determination of how to proceed henceforth, defendants will be directed to prepare and file a report within six months from the date of this decree detailing the implementation of each standard herein ordered. This report shall be comprehensive and shall include a statement of the progress made on each standard not yet completely implemented, specifying the reasons for incomplete performance. The report shall include also a statement of the financing secured since the issuance of this decree and of defendants' plans for procuring whatever additional financing might be required. Upon the basis of this report and other information available, the Court will evaluate defendants' work and, in due course, determine the appropriateness of appointing a master and of granting other requested relief.

Accordingly, it is the ORDER, JUDGMENT and DECREE of this Court:

1. That defendants be and they are hereby enjoined from failing to implement fully and with dispatch each of the standards set forth in Appendix A attached hereto and incorporated as a part of this decree;

2. That a human rights committee for Partlow State School and Hospital be and is hereby designated and appointed. The members thereof are listed in Appendix B attached hereto and incorporated herein. This committee shall have the purposes, functions, and spheres of operation previously set forth in this

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[14] The Court realizes that the Legislature is not due back in regular session until May, 1973. Nevertheless, special sessions of the Legislature are frequent occurrences in Alabama, and there has never been a time when such a session was more urgently required. If the Legislature does not act promptly to appropriate the necessary funding for mental health, the Court will be compelled to grant plaintiffs' motion to add various state officials and agencies as additional parties to this litigation and to utilize other avenues of fund raising.

order. The members of the committee shall be paid on a per diem basis and be reimbursed for travel expenses at the same rate as members of the Alabama Board of Mental Health;

3. That defendants, within 60 days from this date, employ a professionally qualified and experienced administrator to serve Partlow State School and Hospital on a permanent basis;

4. That defendants, within six months from this date, prepare and file with this Court a report reflecting in detail the progress on the implementation of this order. This report shall be comprehensive and precise and shall explain the reasons for incomplete performance in the event the defendants have not met a standard in its entirety. The report also shall include a financial statement and an up-to-date timetable for full compliance;

5. That the court costs incurred in this proceeding, including a reasonable attorneys' fee for plaintiffs' lawyers be and they are hereby taxed against the defendants;

6. That jurisdiction of this cause be and the same is hereby specifically retained.

It is further ORDERED that a ruling on plaintiffs' motion for further relief, including the appointment of a master, filed March 15, 1972, be and the same is hereby reserved.

Done, this the 13th day of April, 1972.

UNITED STATES DISTRICT JUDGE

ATTEST: A True Copy.
Certified to April 13, 1972

Jane P. Gordon,
Clerk, U. S. District Court,
Middle District of Alabama
By
Deputy Clerk

APPENDIX A

MINIMUM CONSTITUTIONAL STANDARDS FOR ADEQUATE HABILITATION OF THE MENTALLY RETARDED

I. Definitions

The terms used herein below are defined as follows:

a. "Institution" -- Partlow State School and Hospital.

b. "Residents" -- All persons who are now confined and all persons who may in the future be confined at Partlow State School and Hospital.

c. "Qualified Mental Retardation Professional" --

   (1) a psychologist with a doctoral or master's degree from an accredited program and with specialized training or one year's experience in treating the mentally retarded;

   (2) a physician licensed to practice in the State of Alabama, with specialized training or one year's experience in treating the mentally retarded;

   (3) an educator with a master's degree in special education from an accredited program;

   (4) a social worker with a master's degree from an accredited program and with specialized training or one year's experience in working with the mentally retarded;

   (5) a physical, vocational or occupational therapist licensed to practice in the State of Alabama who is a graduate of an accredited program in physical, vocational or occupational therapy, with specialized training or one year's experience in treating the mentally retarded;

   (6) a registered nurse with specialized training or one year of experience treating the mentally retarded under the supervision of a Qualified Mental Retardation Professional.

d. "Resident Care Worker" -- an employee of the institution, other than a Qualified Mental Retardation Professional, whose duties require regular contact with or supervision of residents.

e. "Habilitation" -- the process by which the staff of the institution assists the resident to acquire and maintain those life skills which enable him to cope more effectively with the demands of his own person and of his environment and to raise the level of his physical, mental, and social efficiency. Habilitation includes but is not limited to programs of formal, structured education and treatment.

f. "Education" -- the process of formal training and instruction to facilitate the intellectual and emotional development of residents.

g. "Treatment" -- the prevention, amelioration and/or cure of a resident's physical disabilities or illnesses.

h. "Guardian" -- a general guardian of a resident, unless the general guardian is missing, indifferent to the welfare of the resident or has an interest adverse to the resident. In such a case, guardian shall be defined as an individual appointed by an appropriate court on the motion of the superintendent, such guardian not to be in the control or in the employ of the Alabama Board of Mental Health.

i. "Express and Informed Consent" -- the uncoerced decision of a resident who has comprehension and can signify assent or dissent.

II. Adequate Habilitation of Residents

1. Residents shall have a right to habilitation, including medical treatment, education and care, suited to their needs, regardless of age, degree of retardation or handicapping condition.

2. Each resident has a right to a habilitation program which will maximize his human abilities and enhance his ability to cope with his environment. The institution shall recognize that each resident, regardless of ability or status, is entitled to develop and realize his fullest potential. The institution shall implement the principle of normalization so that each resident may live as normally as possible.

3. a. No person shall be admitted to the institution unless a prior determination shall have been made[1] that residence in the institution is the least restrictive habilitation setting feasible for that person.

b. No mentally retarded person shall be admitted to the institution if services and programs in the community can afford adequate habilitation to such person.

c. Residents shall have a right to the least restrictive conditions necessary to achieve the purposes of habilitation. To this end, the institution shall make every attempt to move residents from (1) more to less structured living; (2) larger to smaller facilities; (3) larger to smaller living units; (4) group to individual residence; (5) segregated from the community to integrated into the community living; (6) dependent to independent living.

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[1] See Standard 7, infra.

4. No borderline or mildly mentally retarded person shall be a resident of the institution. For purposes of this standard, a borderline retarded person is defined as an individual who is functioning between one and two standard deviations below the mean on a standardized intelligence test such as the Stanford Binet Scale and on measures of adaptive behavior such as the American Association on Mental Deficiency Adaptive Behavior Scale. A mildly retarded person is defined as an individual who is functioning between two and three standard deviations below the mean on a standardized intelligence test such as the Stanford Binet Scale and on a measure of adaptive behavior such as the American Association on Mental Deficiency Adaptive Behavior Scale.

5. Residents shall have a right to receive suitable educational services regardless of chronological age, degree of retardation or accompanying disabilities or handicaps.

   a. The institution shall formulate a written statement of educational objectives that is consistent with the institution's mission as set forth in Standard 2, supra, and the other standards proposed herein.

   b. School-age residents shall be provided a full and suitable educational program. Such educational programs shall meet the following minimum standards:

		Mild[2]	Moderate	Severe/Profound
(1)	Class Size	12	9	6
(2)	Length of school year (in months)	9-10	9-10	11-12
(3)	Minimum length of school day (in hours)	6	6	6

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[2] As is reflected in Standard 4, supra, it is contemplated that no mildly retarded persons be residents of the institution. However, until those mildly retarded who are presently residents are removed to more suitable locations and/or facilities, some provision must be made for their educational program.

6. Residents shall have a right to receive prompt and adequate medical treatment for any physical ailments and for the prevention of any illness or disability. Such medical treatment shall meet standards of medical practice in the community.

III. Individualized Habilitation Plans

7. Prior to his admission to the institution, each resident shall have a comprehensive social, psychological, educational, and medical diagnosis and evaluation by appropriate specialists to determine if admission is appropriate.
    - a. Unless such preadmission evaluation has been conducted within three months prior to the admission, each resident shall have a new evaluation at the institution to determine if admission is appropriate.
    - b. When undertaken at the institution, preadmission diagnosis and evaluation shall be completed within five days.

8. Within 14 days of his admission to the institution, each resident shall have an evaluation by appropriate specialists for programming purposes.

9. Each resident shall have an individualized habilitation plan formulated by the institution. This plan shall be developed by appropriate Qualified Mental Retardation Professionals and implemented as soon as possible but no later than 14 days after the resident's admission to the institution. An interim program of habilitation, based on the preadmission evaluation conducted pursuant to Standard 7, *supra*, shall commence promptly upon the resident's admission. Each individualized habilitation plan shall contain:
    - a. a statement of the nature of the specific limitations and specific needs of the resident;
    - b. a description of intermediate and long-range habilitation goals with a projected timetable for their attainment;
    - c. a statement of, and an explanation for, the plan of habilitation for achieving these intermediate and long-range goals;
    - d. a statement of the least restrictive setting for habilitation necessary to achieve the habilitation goals of the resident;
    - e. a specification of the professionals and other staff members who are responsible for the particular resident's attaining these habilitation goals;

f. criteria for release to less restrictive settings for habilitation, including criteria for discharge and a projected date for discharge.

10. As part of his habilitation plan, each resident shall have an individualized post-institutionalization plan. This plan shall be developed by a Qualified Mental Retardation Professional who shall begin preparation of such plan prior to the resident's admission to the institution and shall complete such plan as soon as practicable. The guardian or next of kin of the resident and the resident, if able to give informed consent, shall be consulted in the development of such plan and shall be informed of the content of such plan.

11. In the interests of continuity of care, one Qualified Mental Retardation Professional shall be responsible for supervising the implementation of the habilitation plan, integrating the various aspects of the habilitation program, and recording the resident's progress as measured by objective indicators. This Qualified Mental Retardation Professional shall also be responsible for ensuring that the resident is released when appropriate to a less restrictive habilitation setting.

12. The habilitation plan shall be continuously reviewed by the Qualified Mental Retardation Professional responsible for supervising the implementation of the plan and shall be modified if necessary. In addition, six months after admission and at least annually thereafter, each resident shall receive a comprehensive psychological, social, educational and medical diagnosis and evaluation, and his habilitation plan shall be reviewed by an interdisciplinary team of no less than two Qualified Mental Retardation Professionals and such resident care workers as are directly involved in his habilitation and care.

13. In addition to habilitation for mental disorders, people confined at mental health institutions also are entitled to and shall receive appropriate treatment for physical illnesses such as tuberculosis.[3/] In providing medical care, the State Board of Mental Health shall take advantage of whatever community-based facilities are appropriate and available and shall coordina the resident's habilitation for mental retardation with his medical treatmen

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[3/] Approximately 50 patients at Bryce-Searcy are tubercular as also are approximately four residents at Partlow.

14. Complete records for each resident shall be maintained and shall be readily available to Qualified Mental Retardation Professionals and to the resident care workers who are directly involved with the particular resident. All information contained in a resident's records shall be considered privileged and confidential. The guardian, next of kin, and any person properly authorized in writing by the resident, if such resident is capable of giving informed consent, or by his guardian or next of kin, shall be permitted access to the resident's records. These records shall include:

    a. Identification data, including the resident's legal status;

    b. The resident's history, including but not limited to:

        (1) family data, educational background, and employment record;

        (2) prior medical history, both physical and mental, including prior institutionalization;

    c. The resident's grievances if any;

    d. An inventory of the resident's life skills;

    e. A record of each physical examination which describes the results of the examination;

    f. A copy of the individual habilitation plan and any modifications thereto and an appropriate summary which will guide and assist the resident care workers in implementing the resident's program;

    g. The findings made in periodic reviews of the habilitation plan (see Standard 12, _supra_), which findings shall include an analysis of the successes and failures of the habilitation program and shall direct whatever modifications are necessary;

    h. A copy of the post-institutionalization plan and any modifications thereto, and a summary of the steps that have been taken to implement that plan;

    i. A medication history and status, pursuant to Standard 22, _infra_;

    j. A summary of each significant contact by a Qualified Mental Retardation Professional with the resident;

    k. A summary of the resident's response to his program, prepared by a Qualified Mental Retardation Professional involved in the resident's habilitation and recorded at least monthly. Such response, wherever possible, shall be scientifically documented.

l. A monthly summary of the extent and nature of the resident's work activities described in the Standard 33(b), infra and the effect of such activity upon the resident's progress along the habilitation plan;

m. A signed order by a Qualified Mental Retardation Professional for any physical restraints, as provided in Standard 26(a)(1), infra;

n. A description of any extraordinary incident or accident in the institution involving the resident, to be entered by a staff member noting personal knowledge of the incident or accident or other source of information, including any reports of investigations of resident mistreatment, as required by Standard 28, infra;

o. A summary of family visits and contacts;

p. A summary of attendance and leaves from the institution;

q. A record of any seizures, illnesses, treatments thereof, and immunizations.

IV. Humane Physical and Psychological Environment

15. Residents shall have a right to dignity, privacy and humane care.

16. Residents shall lose none of the rights enjoyed by citizens of Alabama and of the United States solely by reason of their admission or commitment to the institution, except as expressly determined by an appropriate court.

17. No person shall be presumed mentally incompetent solely by reason of his admission or commitment to the institution.

18. The opportunity for religious worship shall be accorded to each resident who desires such worship. Provisions for religious worship shall be made available to all residents on a nondiscriminatory basis. No individual shall be coerced into engaging in any religious activities.

19. Residents shall have the same rights to telephone communication as patients at Alabama public hospitals, except to the extent that a Qualified Mental Retardation Professional responsible for formulation of a particular resident's habilitation plan (see Standard 9, supra) writes an order imposing special restrictions and explains the reasons for any such restrictions. The written order must be renewed semiannually if any restrictions are to be continued. Residents shall have an unrestricted right to

visitation, except to the extent that a Qualified Mental Retardation Professional responsible for formulation of a particular resident's habilitation plan (see Standard 9, *supra*) writes an order imposing special restrictions and explains the reasons for any such restrictions. The written order must be renewed semiannually if any restrictions are to be continued.

20. Residents shall be entitled to send and receive sealed mail. Moreover, it shall be the duty of the institution to facilitate the exercise of this right by furnishing the necessary materials and assistance.

21. The institution shall provide, under appropriate supervision, suitable opportunities for the resident's interaction with members of the opposite sex, except where a Qualified Mental Retardation Professional responsible for the formulation of a particular resident's habilitation plan writes an order to the contrary and explains the reasons therefor.

22. Medication:

    a. No medication shall be administered unless at the written order of a physician.

    b. Notation of each individual's medication shall be kept in his medical records (Standard [illegible] *supra*). At least weekly the attending physician shall review the drug regimen of each resident under his care. All prescriptions shall be written with a termination date, which shall not exceed 30 days.

    c. Residents shall have a right to be free from unnecessary or excessive medication. The resident's records shall state the effects of psychoactive medication on the resident. When dosages of such are changed or other psychoactive medications are prescribed, a notation shall be made in the resident's record concerning the effect of the new medication or new dosages and the behavior changes, if any, which occur.

    d. Medication shall not be used as punishment, for the convenience of staff, as a substitute for a habilitation program, or in quantities that interfere with the resident's habilitation program.

    e. Pharmacy services at the institution shall be directed by a professionally competent pharmacist licensed to practice in the State of Alabama. Such pharmacist shall be a graduate of a school of pharmacy accredited by the American Council on Pharmaceutical Education. Appropriate officials of the institution, at their option, may hire such a pharmacist or pharmacists fulltime or, in lieu thereof, contract with outside pharmacists.

f. Whether employed fulltime or on a contract basis, the pharmacist shall perform duties which include but are not limited to the following:

(1) Receiving the original, or direct copy, of the physician's drug treatment order;

(2) Reviewing the drug regimen, and any changes, for potentially adverse reactions, allergies, interactions, contraindications, rationality, and laboratory test modifications and advising the physician of any recommended changes, with reasons and with an alternate drug regimen;

(3) Maintaining for each resident an individual record of all medications (prescription and nonprescription) dispensed, indluding quantities and frequency of refills;

(4) Participating, as appropriate, in the continuing interdisciplinary evaluation of individual residents for the purposes of initiation, monitoring, and follow-up of individualized habilitation programs.

g. Only appropriately trained staff shall be allowed to administer drugs.

23. Seclusion, defined as the placement of a resident alone in a locked room, shall not be employed. Legitimate "time out" procedures may be utilized under close and direct professional supervision as a technique in behavior-shaping programs.

24. Behavior modification programs involving the use of noxious or aversive stimuli shall be reviewed and approved by the institution's Human Rights Committee and shall be conducted only with the express and informed consent of the affected resident, if the resident is able to give such consent, and of his guardian or next of kin, after opportunities for consultation with independent specialists and with legal counsel. Such behavior modification programs shall be conducted only under the supervision of and in the presence of a Qualified Mental Retardation Professional who has had proper training in such techniques.

25. Electric shock devices shall be considered a research technique for the purpose of these standards. Such devices shall only be used in extraordinary

circumstances to prevent self-mutilation leading to repeated and possibly permanent physical damage to the resident and only after alternative techniques have failed. The use of such devices shall be subject to the conditions prescribed in Standard 24, supra, and Standard 29, infra, and shall be used only under the direct and specific order of the superintendent.

26. Physical restraint shall be employed only when absolutely necessary to protect the resident from injury to himself or to prevent injury to others. Restraint shall not be employed as punishment, for the convenience of staff, or as a substitute for a habilitation program. Restraint shall be applied only if alternative techniques have failed and only if such restraint imposes the least possible restriction consistent with its purpose.

   a. Only Qualified Mental Retardation Professionals may authorize the use of restraints.

      (1) Orders for restraints by the Qualified Mental Retardation Professionals shall be in writing and shall not be in force for longer than 12 hours.

      (2) A resident placed in restraint shall be checked at least every 30 minutes by staff trained in the use of restraints, and a record of such checks shall be kept.

      (3) Mechanical restraints shall be designed and used so as not to cause physical injury to the resident and so as to cause the least possible discomfort.

      (4) Opportunity for motion and exercise shall be provided for a period of not less than ten minutes during each two hours in which restraint is employed.

      (5) Daily reports shall be made to the superintendent by those Qualified Mental Retardation Professionals ordering the use of restraints, summarizing all such uses of restraint, the types used, the duration, and the reasons therefor.

   b. The institution shall cause a written statement of this policy to be posted in each living unit and circulated to all staff members.

27. Corporal punishment shall not be permitted.

28. The institution shall prohibit mistreatment, neglect or abuse in any form of any resident.

a. Alleged violations shall be reported immediately to the superintendent and there shall be a written record that:

   (1) Each alleged violation has been thoroughly investigated and findings stated;

   (2) The results of such investigation are reported to the superintendent and to the commissioner within 24 hours of the report of the incident. Such reports shall also be made to the institution's Human Rights Committee monthly and to the Alabama Board of Mental Health at its next scheduled public meeting.

b. The institution shall cause a written statement of this policy to be posted in each cottage and building and circulated to all staff members.

29. Residents shall have a right not to be subjected to experimental research without the express and informed consent of the resident, if the resident is able to give such consent, and of his guardian or next of kin, after opportunities for consultation with independent specialists and with legal counsel. Such proposed research shall first have been reviewed and approved by the institution's Human Rights Committee before such consent shall be sought. Prior to such approval the institution's Human Rights Committee shall determine that such research complies with the principles of the Statement on the Use of Human Subjects for Research of the American Association on Mental Deficiency and with the principles for research involving human subjects required by the United States Department of Health, Education and Welfare for projects supported by that agency.

30. Residents shall have a right not to be subjected to any unusual or hazardous treatment procedures without the express and informed consent of the resident, if the resident is able to give such consent, and of his guardian or next of kin, after opportunities for consultation with independent specialists and legal counsel. Such proposed procedures shall first have been reviewed and approved by the institution's Human Rights Committee before such consent shall be sought.

31. Residents shall have a right to regular physical exercise several times a week. It shall be the duty of the institution to provide both indoor and outdoor facilities and equipment for such exercise.

32. Residents shall have a right to be outdoors daily in the absence of contrary medical considerations.

33. The following rules shall govern resident labor:

   a. Institution Maintenance

      (1) No resident shall be required to perform labor which involves the operation and maintenance of the institution or for which the institution is under contract with an outside organization. Privileges or release from the institution shall not be conditioned upon the performance of labor covered by this provision. Residents may voluntarily engage in such labor if the labor is compensated in accordance with the minimum wage laws of the Fair Labor Standards Act, 29 U.S.C. § 206 as amended, 1966.

      (2) No resident shall be involved in the care (feeding, clothing, bathing), training, or supervision of other residents unless he:

         (a) has volunteered;

         (b) has been specifically trained in the necessary skills;

         (c) has the humane judgment required for such activities;

         (d) is adequately supervised; and

         (e) is reimbursed in accordance with the minimum wage laws of the Fair Labor Standards Act, 29 U.S.C. § 206 as amended, 1966.

   b. Training Tasks and Labor

      (1) Residents may be required to perform vocational training tasks which do not involve the operation and maintenance of the institution, subject to a presumption that an assignment of longer than three months to any task is not a training task, provided the specific task or any change in task assignment is:

         (a) An integrated part of the resident's habilitation plan and approved as a habilitation activity by a Qualified Mental Retardation Professional responsible for supervising the resident's habilitation;

         (b) Supervised by a staff member to oversee the habilitation aspects of the activity.

      (2) Residents may voluntarily engage in habilitative labor at nonprogram hours for which the institution would otherwise have to pay an

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(b) Supervised by a staff member to oversee the habilitation aspects of the activity.

(2) Residents may voluntarily engage in habilitative labor at nonprogram hours for which the institution would otherwise have to pay an

d. Residents, except for the non-mobile, shall eat or be fed in dining rooms.

35. Each resident shall have an adequate allowance of neat, clean, suitably fitting and seasonable clothing.

a. Each resident shall have his own clothing, which is properly and inconspicuously marked with his name, and he shall be kept dressed in this clothing. The institution has an obligation to supply an adequate allowance of clothing to any residents who do not have suitable clothing of their own. Residents shall have the opportunity to select from various types of neat, clean, and seasonable clothing. Such clothing shall be considered the resident's throughout his stay in the institution.

b. Clothing both in amount and type shall make it possible for residents to go out of doors in inclement weather, to go for trips or visits appropriately dressed, and to make a normal appearance in the community.

c. Nonambulatory residents shall be dressed daily in their own clothing, including shoes, unless contraindicated in written medical orders.

d. Washable clothing shall be designed for multiply handicapped residents being trained in self-help skills, in accordance with individual needs.

e. Clothing for incontinent residents shall be designed to foster comfortable sitting, crawling and/or walking, and toilet training.

f. A current inventory shall be kept of each resident's personal and clothing items.

g. The institution shall make provision for the adequate and regular laundering of the residents' clothing.

36. Each resident shall have the right to keep and use his own personal possessions except insofar as such clothes or personal possessions may be determined to be dangerous, either to himself or to others, by a Qualified Mental Retardation Professional.

37. a. Each resident shall be assisted in learning normal grooming practices with individual toilet articles, including soap and toothpaste, that are available to each resident.

b. Teeth shall be brushed daily with an effective dentifrice. Individual brushes shall be properly marked, used, and stored.

c. Each resident shall have a shower or tub bath at least daily, unless medically contraindicated.

d. Residents shall be regularly scheduled for hair cutting and styling, in an individualized manner, by trained personnel.

e. For residents who require such assistance, cutting of toe nails and fingernails shall be scheduled at regular intervals.

38. Physical Facilities A resident has a right to a humane physical environment within the institutional facilities. These facilities shall be designed to make a positive contribution to the efficient attainment of the habilitation goals of the institution.

a. Resident Unit All ambulatory residents shall sleep in single rooms or in multi-resident rooms of no more than six persons. The number of nonambulatory residents in a multi-resident room shall not exceed ten persons. There shall be allocated a minimum of 80 square feet of floor space per resident in a multi-resident room. Screens or curtains shall be provided to ensure privacy. Single rooms shall have a minimum of 100 square feet of floor space. Each resident shall be furnished with a comfortable bed with adequate changes of linen, a closet or locker for his personal belongings, and appropriate furniture such as a chair and a bedside table, unless contraindicated by a Qualified Mental Retardation Professional who shall state the reasons for any such restriction.

b. Toilets and Lavatories There shall be one toilet and one lavatory for each six residents. A lavatory shall be provided with each toilet facility. The toilets shall be installed in separate stalls for ambulatory residents, or in curtained areas for nonambulatory residents, to ensure privacy, shall be clean and free of odor, and shall be equipped with appropriate safety devices for the physically handicapped. Soap and towels and/or drying mechanisms shall be available in each lavatory. Toilet paper shall be available in each toilet facility.

c. Showers There shall be one tub or shower for each eight residents. If a central bathing area is provided, each tub or shower shall be divided by curtains to ensure privacy. Showers and tubs shall be equipped with adequate safety accessories.

d. Day Room The minimum day room area shall be 40 square feet per resident.

Day rooms shall be attractive and adequately furnished with reading lamps, tables, chairs, television, radio and other recreational facilities. They shall be conveniently located to residents' bedrooms and shall have outside windows. There shall be at least one day room area on each bedroom floor in a multi-story facility. Areas used for corridor traffic shall not be counted as day room space; nor shall a chapel with fixed pews be counted as a day room area.

e. Dining Facilities The minimum dining room area shall be ten square feet per resident. The dining room shall be separate from the kitchen and shall be furnished with comfortable chairs and tables with hard, washable surfaces.

f. Linen Servicing and Handling The institution shall provide adequate facilities and equipment for the expeditious handling of clean and soiled bedding and other linen. There must be frequent changes of bedding and other linen, but in any event no less than every seven days, to assure sanitation and resident comfort. After soiling by an incontinent resident, bedding and linen must be immediately changed and removed from the living unit. Soiled linen and laundry shall be removed from the living unit daily.

g. Housekeeping Regular housekeeping and maintenance procedures which will ensure that the institution is maintained in a safe, clean, and attractive condition shall be developed and implemented.

h. Nonambulatory Residents There must be special facilities for nonambulatory residents to assure their safety and comfort, including special fittings on toilets and wheelchairs. Appropriate provision shall be made to permit nonambulatory residents to communicate their needs to staff.

i. Physical Plant

(1) Pursuant to an established routine maintenance and repair program, the physical plant shall be kept in a continuous state of good repair and operation so as to ensure the health, comfort, safety and well-being of the residents and so as not to impede in any manner the habilitation programs of the residents.

(2) Adequate heating, air conditioning and ventilation systems and equipment shall be afforded to maintain temperatures and air changes which are required for the comfort of residents at all times. Ventilation systems shall be adequate to remove steam and offensive odors or to mask such odors. The temperature in the institution shall not exceed 83°F nor fall below 68°F.

(3) Thermostatically controlled hot water shall be provided in adequate quantities and maintained at the required temperature for resident use (110°F at the fixture) and for mechanical dishwashing and laundry use (180°F at the equipment). Thermostatically controlled hot water valves shall be equipped with a double valve system that provides both auditory and visual signals of valve failures.

(4) Adequate refuse facilities shall be provided so that solid waste, rubbish and other refuse will be collected and disposed of in a manner which will prohibit transmission of disease and not create a nuisance or fire hazard or provide a breeding place for rodents and insects.

(5) The physical facilities must meet all fire and safety standards established by the state and locality. In addition, the institution shall meet such provisions of the Life Safety Code of the National Fire Protection Association (21st edition, 1967) as are applicable to it.

V. Qualified Staff in Numbers Sufficient to Provide Adequate Habilitation

39. Each Qualified Mental Retardation Professional and each physician shall meet all licensing and certification requirements promulgated by the State of Alabama for persons engaged in private practice of the same profession elsewhere in Alabama. Other staff members shall meet the same licensing and certification requirements as persons who engage in private practice of their specialty elsewhere in Alabama.

a. All resident care workers who have not had prior clinical experience in a mental retardation institution shall have suitable orientation training.

b. Staff members on all levels shall have suitable, regularly scheduled in-service training.

40. Each resident care worker shall be under the direct professional supervision of a Qualified Mental Retardation Professional.

41. Staffing Ratios

a. Qualified staff in numbers sufficient to administer adequate habilitation shall be provided. Such staffing shall include but not be limited to the following fulltime professional and special services. Qualified Mental Retardation Professionals trained in particular disciplines may in appropriate situations perform services or functions traditionally performed by members of other disciplines. Substantial changes in staff deployment may be made with the prior approval of this Court upon a clear and convincing demonstration that the proposed deviation from this staffing structure would enhance the habilitation of the residents. Professional staff shall possess the qualifications of Qualified Mental Retardation Professionals as defined herein unless expressly stated otherwise.

b. Unit	Mild[4] 60	Moderate 60	Severe/Profound 60
(1) Psychologists	1:60	1:60	1:60
(2) Social Workers	1:60	1:60	1:60
(3) Special Educators (shall include an equal number of master's degree and bachelor's degree holders in special education)	1:15	1:10	1:30
(4) Vocational Therapists	1:60	1:60	--
(5) Recreational Therapists (shall be master's degree graduates from an accredited program)	1:60	1:60	1:60
(6) Occupational Therapists	--	--	1:60
(7) Registered Nurses	1:60	1:60	1:12
(8) Resident Care Workers	1:2.5	1:1.25	1:1

The following professional staff shall be fulltime employees of the institution who shall not be assigned to a single unit but who shall be available to meet the needs of any resident of the institution:

---

[4] See n. 2, *supra*.

Physicians	1:200
Physical Therapists	1:100
Speech & Hearing Therapists	1:100
Dentists[5]	1:200
Social Workers (shall be principally involved in the placement of residents in the community and shall include bachelor's degree graduates from an accredited program in social work)	1:80
Chaplains[6]	1:200

c. Qualified medical specialists of recognized professional ability shall be available for specialized care and consultation. Such specialist services shall include a psychiatrist on a one-day per week basis, a physiatrist on a two-day per week basis, and any other medical or health-related speciality available in the community.

VI. Miscellaneous

42. The guardian or next of kin of each resident shall promptly, upon resident's admission, receive a written copy of all the above standards for adequate habilitation. Each resident, if the resident is able to comprehend, shall promptly upon his admission be orally informed in clear language of the above standards and, where appropriate, be provided with a written copy.

43. The superintendent shall report in writing to the next of kin or guardian of the resident at least every six months on the resident's educational, vocational and living skills progress and medical condition. Such report shall also state any appropriate habilitation program which has not been afforded to the resident because of inadequate habilitation resources.

44. a. No resident shall be subjected to a behavior modification program designed to eliminate a particular pattern of behavior without prior certification by a physician that he has examined the resident in regard to behavior to be extinguished and finds that such behavior is not caused by a physical condition which could be corrected by appropriate medical procedures.

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[5] Defendants may, in lieu of employing fulltime dentists, contract outside the institution for dental care. In this event the dental services provided the residents must include (a) complete dental examinations and appropriate corrective dental work for each resident each six months and (b) a dentist on call 24 hours per day for emergency work.

[6] Defendants may, in lieu of employing fulltime chaplains, recruit, upon the ratio shown above, interfaith volunteer chaplains.

b. No resident shall be subjected to a behavior modification program which attempts to extinguish socially appropriate behavior or to develop new behavior patterns when such behavior modifications serve only institutional convenience.

45. No resident shall have any of his organs removed for the purpose of transplantation without compliance with the procedures set forth in Standard 30, supra, and after a court hearing on such transplantation in which the resident is represented by a guardian ad litem. This standard shall apply to any other surgical procedure which is undertaken for reasons other than therapeutic benefit to the resident.

46. Within 90 days of the date of this order, each resident of the institution shall be evaluated as to his mental, emotional, social, and physical condition. Such evaluation or reevaluation shall be conducted by an interdisciplinary team of Qualified Mental Retardation Professionals who shall use professionally recognized tests and examination procedures. Each resident's guardian, next of kin or legal representative shall be contacted and his readiness to make provisions for the resident's care in the community shall be ascertained. Each resident shall be returned to his family, if adequately habilitated, or assigned to the least restrictive habilitation setting.

47. Each resident discharged to the community shall have a program of transitional habilitation assistance.

48. The institution shall continue to suspend any new admissions of residents until all of the above standards of adequate habilitation have been met.

49. No person shall be admitted to any publicly supported residential institution caring for mentally retarded persons unless such institution meets the above standards.

APPENDIX B

PARTLOW HUMAN RIGHTS COMMITTEE

1. Ms. Harriet S. Tillman - Chairman - 3544 Brookwood Road, Birmingham, Alabama
2. Dr. J. W. Benton - 3008 Brook Hollow Lane, Birmingham, Alabama
3. Mr. Paul R. Davis - Tuscaloosa News, Tuscaloosa, Alabama 35401
4. Reverend Robert Keever - University Presbyterian Church, Tuscaloosa, Alabama 35401
5. Ms. Nancy Poole - 1836 Dorchester, Birmingham, Alabama
6. Mr. Eugene Ward - c/o Partlow State School and Hospital, Tuscaloosa, Alabama 35401
7. Ms. Estelle Witherspoon - Alberta, Alabama 36720

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE
DISTRICT OF ALABAMA, NORTHERN DIVISION

FILED
APR 12 1972
JANE P. GORDON, CLERK
BY
DEPUTY CLERK

RICKY WYATT, by and through his aunt and legal guardian, Mrs. W. C. Rawlins, Jr., ET AL., for themselves jointly and severally and for all others similarly situated,

Plaintiffs,

vs.

DR. STONEWALL B. STICKNEY, as Commissioner of Mental Health and the State of Alabama Mental Health Officer, ET AL.,

Defendants,

UNITED STATES OF AMERICA, ET AL.,

Amici Curiae.

CIVIL ACTION NO. 3195-N

O R D E R

Pursuant to Rule 25(d), Federal Rules of Civil Procedure, it is ORDERED that Willard Smith, Dr. Everet Strandell, Dr. J. Garber Galbraith, and Jack Nolen, be and they are hereby substituted as defendants for the named defendants Sim A. Thomas, Dr. John H. Chenault, Dr. Hugh Gray, and Robert Wilson, respectively, as Trustees of the Mental Health Board of Alabama.[1/]

It is further ORDERED that John V. Hottel, in his capacity as Interim Superintendent of Partlow State School and Hospital, be and he is hereby substituted for the named defendant Dr. Thomas E. Patton, individually and as Superintendent of Partlow State School and Hospital at Tuscaloosa, Alabama.

Done, this the 12th day of April, 1972.

UNITED STATES DISTRICT JUDGE

1/ It has been made known to the Court that the defendant Bernard A. Reynolds, as a Trustee of the Mental Health Board of Alabama, was replaced by Hilliard Aronov who is now deceased, and that this vacancy has not yet been filled.

ATTEST: A True Copy.
Certified to April 13, 19 72

Jane P. Gordon,
Clerk, U. S. District Court,
Middle District of Alabama
By Jane P. Bush
Deputy Clerk

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE
DISTRICT OF ALABAMA, NORTHERN DIVISION

FILED

AUG 7 1972

JANE P. GORDON, CLERK
BY________________
DEPUTY CLERK

RICKY WYATT, by and through his aunt and legal guardian MRS. W. C. RAWLINS, JR., ET AL.,

Plaintiffs,

vs.

DR. STONEWALL B. STICKNEY, as Commissioner of Mental Health and the State of Alabama Mental Health Officer, ET AL.,

Defendants,

UNITED STATES OF AMERICA, ET AL.,

Amici Curiae.

CIVIL ACTION NO. 3195-N

RECEIVED
AUG [illegible] 72
[illegible]

O R D E R

Upon consideration of the defendants' motion for an order of modification filed July 19, 1972, the motion of the defendants seeking dismissal of their motion for an order of modification filed August 4, 1972, and the plaintiffs' and the defendants' joint motion for an order of modification filed August 4, 1972, it is ORDERED that the order of this Court made and entered herein April 13, 1972, relating to the Partlow State School and Hospital, be and the same is hereby amended and modified as follows:

(1) By substituting for Standard 46, as set out in Appendix A to this Court's April 13, 1972, order, the following:

> 46. On or before February 7, 1973, each resident of the institution shall be evaluated as to his mental, emotional, social, and physical condition. Such evaluation or reevaluation shall be conducted by an interdisciplinary team of Qualified Mental Retardation Professionals who shall use professionally recognized tests and examination procedures. Each resident's guardian, next of kin or legal representative shall be contacted and his readiness to make provisions for the resident's care in the community shall be ascertained. Each resident shall be returned to his family, if adequately habilitated, or assigned to the least restrictive habilitation setting. The defendants shall fully implement, in conjunction with this Standard, the provision of Standards 9-13 relating to the

> individualized habilitation plan. If by October 30, 1972, two-thirds (2/3) of such evaluations and plans have not been completed, additional staff or contract personnel shall be hired in order to insure that on or before February 7, 1973, all such evaluations and plans will be completed.

(2) By adding to Standard 49, as set out in Appendix A to this Court's order of April 13, 1972, the following:

> 49. The above standards heretofore enumerated applicable to Partlow as a residential facility may be modified and adjusted when professionally and scientifically appropriate upon the placement of residents in less restrictive community based alternatives consistent with the approved principles of Normalization as expressed in the professional literature.

Done, this the 7th day of August, 1972.

UNITED STATES DISTRICT JUDGE

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE
DISTRICT OF ALABAMA, NORTHERN DIVISION

FILED
AUG 7 1972
JANE P. GORDON, CLERK
BY_______________
DEPUTY CLERK

RICKY WYATT, by and through)
his aunt and legal guardian)
MRS. W. C. RAWLINS, JR.,)
ET AL.,)

Plaintiffs,)

vs.)

DR. STONEWALL B. STICKNEY,)
as Commissioner of Mental)
Health and the State of)
Alabama Mental Health Officer,)
ET AL.,)

Defendants,)

UNITED STATES OF AMERICA,)
ET AL.,)

Amici Curiae.)

CIVIL ACTION NO. 3195-N

RECEIVED
AUG [illegible] 1972
Alabama [illegible] Health
[illegible]

O R D E R

Upon consideration of the defendants' motion for an order of modification filed July 19, 1972, the motion of the defendants seeking dismissal of their motion for an order of modification filed August 4, 1972, and the plaintiffs' and the defendants' joint motion for an order of modification filed August 4, 1972, it is ORDERED that the order of this Court made and entered herein April 13, 1972, relating to the Partlow State School and Hospital, be and the same is hereby amended and modified as follows:

(1) By substituting for Standard 46, as set out in Appendix A to this Court's April 13, 1972, order, the following:

> 46. On or before February 7, 1973, each resident of the institution shall be evaluated as to his mental, emotional, social, and physical condition. Such evaluation or reevaluation shall be conducted by an interdisciplinary team of Qualified Mental Retardation Professionals who shall use professionally recognized tests and examination procedures. Each resident's guardian, next of kin or legal representative shall be contacted and his readiness to make provisions for the resident's care in the community shall be ascertained. Each resident shall be returned to his family, if adequately habilitated, or assigned to the least restrictive habilitation setting. The defendants shall fully implement, in conjunction with this Standard, the provision of Standards 9-13 relating to the

> individualized habilitation plan. If by October 30, 1972, two-thirds (2/3) of such evaluations and plans have not been completed, additional staff or contract personnel shall be hired in order to insure that on or before February 7, 1973, all such evaluations and plans will be completed.

(2) By adding to Standard 49, as set out in Appendix A to this Court's order of April 13, 1972, the following:

> 49. The above standards heretofore enumerated applicable to Partlow as a residential facility may be modified and adjusted when professionally and scientifically appropriate upon the placement of residents in less restrictive community based alternatives consistent with the approved principles of Normalization as expressed in the professional literature.

Done, this the 7th day of August, 1972.

UNITED STATES DISTRICT JUDGE

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE
DISTRICT OF ALABAMA, NORTHERN DIVISION

FILED
SEP 28 1972
JANE P. GORDON, CLERK
BY________________
DEPUTY CLERK

RICKY WYATT, by and through
his aunt and legal guardian
MRS. W. C. RAWLINS, JR.,
ET AL.,

Plaintiffs,

vs.

DR. STONEWALL B. STICKNEY,
as Commissioner of Mental
Health and the State of
Alabama Mental Health Officer,
ET AL.,

Defendants,

UNITED STATES OF AMERICA,
ET AL.,

Amici Curiae.

CIVIL ACTION NO. 3195-N

ORDER

Pursuant to Rule 25(d), Federal Rules of Civil Procedure, it is ORDERED that Charles Aderholt be and he is hereby substituted as a defendant for the named defendant Dr. Stonewall B. Stickney, as Commissioner of Mental Health and the State of Alabama Mental Health Officer.

Done, this the 28th day of September, 1972.

UNITED STATES DISTRICT JUDGE

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE
DISTRICT OF ALABAMA, NORTHERN DIVISION

FILED
SEP 28 1972
JANE P. GORDON, CLERK
BY
DEPUTY CLERK

RICKY WYATT, by and through
his aunt and legal guardian
MRS. W. C. RAWLINS, JR.,
ET AL.,

Plaintiffs,

vs.

CHARLES ADERHOLT,
as Commissioner of Mental
Health and the State of
Alabama Mental Health Officer,
ET AL.,

Defendants,

UNITED STATES OF AMERICA,
ET AL.,

Amici Curiae.

CIVIL ACTION NO. 3195-N

ORDER

It is ORDERED that the order entered herein April 13, 1972, for Partlow State School and Hospital be and it is hereby amended as follows:

1. Standard 49 be and the same is hereby stricken and the following is substituted therefor:

> No person shall be admitted to any publicly supported residential institution caring for mentally retarded persons unless such institution meets the above standards or unless the chief administrator of such institution determines that the person, if allowed to remain in the community, is likely to cause serious injury to himself or others, or that the only alternative for providing adequate shelter, food and clothing for such person is jail. Any person initially determined to be such an exceptional case shall be admitted for a period not to exceed 30 days during which time a thorough evaluation of such person shall be conducted by the officials of the institution. If this evaluation confirms that such person falls within the limited exception set forth above, then such person may be admitted to an institution for the mentally retarded in a regular status.
>
> The Director of the institution shall file with this Court each thirty days a report setting forth the full details warranting any exceptional admission, including the evaluation of the patient.

Done, this the 28 day of September, 1972.

UNITED STATES DISTRICT JUDGE

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE

DISTRICT OF ALABAMA, NORTHERN DIVISION

FILED

DEC 4 - 1972

JANE P. GORDON, CLERK

BY__________________

DEPUTY CLERK

RICKY WYATT, by and through)
his aunt and legal guardian)
MRS. W. C. RAWLINS, JR.,)
ET AL.,)
Plaintiffs,)
vs.) CIVIL ACTION NO. 3195-N
CHARLES ADERHOLT, as)
Commissioner of Mental)
Health and the State of)
Alabama Mental Health)
Officer, ET AL.,)
Defendants,)
UNITED STATES OF AMERICA,)
ET AL.,)
Amici Curiae.)

ORDER

It is ORDERED that the order entered herein April 13, 1972, for Partlow State School and Hospital be and it is hereby amended as follows:

1. Standard 33, subheading a, be and the same is hereby stricken and the following is substituted therefor:

a. Institution Maintenance

(1) No resident shall be required to perform labor which involves the operation and maintenance of the institution or for which the institution is under contract with an outside organization. Privileges or release from the institution shall not be conditioned upon the performance of labor covered by this provision. Residents may voluntarily engage in such labor if the labor is compensated in accordance with the minimum wage laws of the Fair Labor Standards Act, 29 U.S.C. § 206 as amended, 1966, or if the labor is determined by the administrator of the institution to be for therapeutic purposes.

(2) No resident shall be involved in the care (feeding, clothing, bathing), training, or supervision of

other residents unless he:

(a) has volunteered;

(b) has been specifically trained in the necessary skills;

(c) has the humane judgment required for such activities;

(d) is adequately supervised; and

(e) is reimbursed in accordance with the minimum wage laws of the Fair Labor Standards Act, 29 U.S.C. § 206 as amended, 1966, or such labor is determined by the administrator or the institution to be for therapeutic purposes.

(3) In the event the administrator of the institution determines that labor upon a voluntary basis by residents is for therapeutic purposes, the administrator shall file with this Court and with the Chairman of the Human Rights Committee for said institution each six months a report setting forth:

(a) the name of each such resident;

(b) the type of labor being performed by each such resident;

(c) the hours worked by each such resident, and

(d) the basis for the determination that the type of labor being performed is for therapeutic purposes.

2. Standard 33, subheading b, paragraph (2), subparagraph (c) be and the same is hereby stricken.

Done, this the 4th day of December, 1972.

UNITED STATES DISTRICT JUDGE

S. 13

By: Messrs. Horne, Bailes, Branyon, Carr, Clark, Cook, Cooper, Dominick, Dozier, Edington, Fine, Foshee, Gilmore, Givhan, Hammond, Harris, Hawkins, Jones, King, Lindsey, Littleton, Lybrand, McLain, Malone, Noonan, O'Bannon, Owen, Pelham, Pierce, Register, Shelby, Vacca, Weaver, Wilder and Wilson

Enrolled, An Act, Relating to mandatory education for exceptional children, including but not limited to the mentally retarded, the speech impaired, the deaf and hearing impaired, the blind and vision impaired, the crippled and otherwise physically handicapped, the emotionally conflicted, the socially maladjusted, those with special learning disabilities, the multiply handicapped, and the intellectually gifted; providing that each county, municipal or other board of education in the State of Alabama and the school district associated therewith shall provide not less than twelve years of appropriate instruction and related special services for such exceptional children at public expense; providing for the implementation of said mandatory education for said exceptional children; providing for the respective roles of the State Board of Education and the local boards of education in said implementation; providing for the judicial enforceability of implementation plans through suits and actions authorized to be brought; providing for the adoption of regulations by the State Board of Education and the effect of said regulations; to provide for long-range implementation plans and the periodic review thereof by the State Board of Education; providing for teacher units for such exceptional children; providing for classification and placement of exceptional children in school programs and classes; providing for the confidentiality of records of such exceptional children and providing for access to said records by appropriate persons; providing that certain state departments, boards and institutions shall make available to superintendents of local boards of education, certain infor-

or withdrawal therefrom. "Retarded" means having subaverage general intellectual functioning which (1) either originates during the developmental period or results from brain damage caused by disease or physical injury occurring subsequent to the developmental period, and (2) is associated with impairment in adaptive behavior. "School board" means a county, municipal or other board of education in the State of Alabama and the school district associated therewith. "Specialist" means a physician, psychologist, psychometrist or other professional personnel qualified pursuant to regulations established hereunder by the State Board of Education to examine children for the purpose of determining whether they are exceptional children. "Special services" means services relating to instruction of exceptional children (but not including the instruction itself) including, but not limited to: administrative services; transportation; diagnostic and evaluation services; social services; physical and occupational therapy; job placement; orientation and mobility training; braillist services and materials; typists and readers for the blind; special materials and equipment; and such other similar personnel, services, materials and equipment as may from time to time be approved by regulations adopted hereunder by the State Board of Education. "Superintendent" means the superintendent of a school board. Section 2. Use of Phrases. The following provisions shall be applied wherever appropriate herein: "Herein," "hereby," "hereunder," "hereof," and other similar words of reference shall refer to this Act as an entirety and not solely to the particular section or portion thereof in which any such word is used. The definitions set forth in Section 1 hereof shall be deemed applicable whether the words defined are used in the singular or plural. Section 3. Education Required for Exceptional Children. Each school board shall provide not less than twelve consecutive years of appropriate instruction and special services for exceptional children, beginning with those six years of age, in accordance with the provisions of this Act. Such public school instruction and special services shall be made available at public expense for each school year to exceptional children as provided herein. The funds for such instruction and special services shall be derived from state, county, municipal, mation concerning persons who might be exceptional children; providing for the furnishing of certain textbooks, equipment and materials to local boards of education for the use of vision and hearing impaired children and those having other special learning disabilities; providing for allowances from the special educational trust fund (the minimum program fund) of certain amounts for bus transportation of such exceptional children who are unable to ride regular school buses; authorizing the State Board of Education to make certain training grants in exceptional child education to persons under certain conditions to qualify them to meet certain professional requirements; providing that this Act may be referred to as the "Alabama Exceptional Child Education Act"; providing that the provisions of this Act shall be severable; and providing for the effective date of this Act. BE IT ENACTED BY THE LEGISLATURE OF ALABAMA: Section 1. Definitions. The following words, terms and phrases used in this Act, and others evidently intended as the equivalent thereof, shall, in the absence of clear implication herein otherwise, be given the following respective interpretations herein: "Exceptional children" means persons between the ages of six and twenty-one years who have been certified under regulations of the State Board of Education by a specialist as being unsuited for enrollment in regular classes of the public schools or who is unable to be educated or trained adequately in such regular programs including, but not limited to: the mildly and moderately to severely retarded, but not including the profoundly retarded; the speech inpaired; the deaf and hearing impaired; the blind and vision impaired; the crippled and those having other physical handicaps not otherwise specifically mentioned herein; the emotionally conflicted; the socially maladjusted; those with special learning disabilities; the multiply handicapped; and the intellectually gifted. "Placement Committee" means a committee so designated and appointed by the superintendent for determining the eligibility of exceptional children for placement in special school programs or classes, which committee shall be composed of representatives from the fields of medicine, education and psychology whenever practicable. Said committee, after study of all data available on each exceptional child, shall make recommendations concerning each child's admission to a school program or class district, federal or other sources or combinations of sources. Each school board shall set aside from its revenues from all such sources such amounts as are needed to carry out the provisions of this Act, if such funds are available without impairment of regular classes and services provided for non-exceptional children. If sufficient funds are not available to a school board to provide fully for all the provisions of this Act as well as the educational needs of non-exceptional children, such board must prorate all funds on a per capita basis between exceptional and non-exceptional children. No matriculation or tuition fees or other fees or charges shall be required or asked of exceptional children or their parents or guardians, except such fees or charges as may be charged uniformly of all public school pupils. Section 4. Implementation of Program. Within one hundred twenty (120) days after the effective date of this Act, each school board in the State of Alabama shall take a careful and thorough survey of persons who (if thereafter certified by a specialist) would probably qualify as exceptional children residing in its school district, which survey shall show the name, age, sex and type of exceptionality of each exceptional child found by it. All such data descriptive of an individual person (as contrasted with compilations made therefrom which do not reveal information about specific individuals) shall be maintained in strict confidence and shall not be made available to anyone except to the survey-takers (in connection with those individuals who are reported by them), the appropriate superintendent and his staff, the appropriate school principal, the individual child's parent or guardian, and such other persons as may be designated in regulations adopted by the State Board of Education and under such conditions as may be provided therein. Within one hundred twenty (120) days after the completion of said census, each school board in the State of Alabama shall prepare and adopt an incremental five year plan commencing with the school year beginning in September 1972 for the implementation of appropriate instruction and special services for exceptional children residing in its school district, including a reasonable procedure for obtaining certifications of exceptional children by a specialist. Such plan shall upon its preparation and adoption be submitted to the State Board of Education for its review and approval or disapproval in accordance with regulations promulgated hereunder by the State Board of Education. If approved by the State Board of Education, such plan shall be binding upon the school board submitting it and shall be adhered to unless subsequent modifications of said plan shall thereafter be approved by the State Board of Education, in which case such modified plan shall be adhered to. If the State Board of Education shall disapprove a plan submitted by a school board, representatives of the State School Board shall consult and advise with said school board in an effort to formulate a plan which can be approved, provided, however, that disapproval of a plan or any amendments thereto shall be only because of failure of the plan to meet minimum standards set out in regulations of the State board adopted in accordance with Section 5 of this Act, and any such disapproval must specify in detail the reasons for such disapproval. If no such plan can be agreed upon, the State Board of Education shall provide a plan which shall be adhered to unless the school board shall within thirty (30) days thereafter file a suit in the circuit court of Montgomery County, Alabama, in equity, to restrain the enforcement of such plan on the ground that it is arbitrary, impracticable, detrimental to the education of exceptional children, or invalid. Only the said court specified above shall have jurisdiction of such suits and all such suits shall be given a preferred setting. Section 5. Responsibilities of State Board of Education. The State Board of Education shall adopt as soon as may be practicable after the effective date of this Act (but not in any event later than 120 days after said effective date) regulations covering: (a) the qualifications of specialists for each type of exceptionality and standards for certification of exceptional children; (b) minimum standards of instruction and special services to be provided for each type of exceptionality at each age or grade level; (c) reasonable qualifications for teachers, instructors, therapists and other personnel needed to work with exceptional children; (d) guidelines for suitable five-year incremental plans for implementation of the program set forth in this Act for various types of typical situations likely to be encountered by school boards in the State of Alabama; and (e) such other rules and regulations as may be necessary or appropriate for carrying out the purposes of this Act. Said regulations may be amended from time to time, said amended regulations to be effective ninety (90) days after written notice of said amendments has been transmitted to each school board in the State of Alabama. The State Board of Education shall receive, review and approve or disapprove plans submitted by school boards hereunder, and shall consult and advise with school boards whose plans are disapproved, provided, however, that disapproval of a plan or any amendments thereto shall be only because of failure of the plan to meet minimum standards set out in regulations of the State board adopted in accordance with Section 5 of this Act, and any such disapproval must specify in detail the reasons for such disapproval. If an approved plan cannot be worked out satisfactorily, the State Board of Education shall provide a plan which shall be binding on the school board unless its enforcement is restrained as provided in Section 4 above. The State Board of Education shall have the primary responsibility for enforcing compliance with such plans and with compliance of school boards with its regulations and the requirements of this Act. If any local board fails or refuses to implement the plan provided for under this Act, the Attorney General shall upon request of the State Board of Education, or upon the request of any private citizen, bring civil injunctive suits to enforce the implementation of such plan. If the State Board fails or refuses to carry out any duties required of it by this Act, the Attorney General shall upon the request of any private citizen, bring civil suits in Montgomery County to require that such duties be performed. Section 6. School Board Plans. During the fifth year of implementation of the incremental five-year plan referred to above, each school board shall submit a long-range plan for providing appropriate instruction and special services for exceptional children and shall submit said long-range plan to the State Board of Education for its review and approval or disapproval. Such plan, unless thereafter modified with approval of the State Board of Education, shall be adhered to by the school board. Said long-range plans (and all modifications thereof) shall be resubmitted to the State Board of Education for its review and approval or disapproval at such intervals as may be established by the said State Board in regulations but not in any event less often than once every seven years or more often than once every two years. Provided, however, that disapproval of a plan or any amendments thereto shall be only because of failure of the plan to meet minimum standards set out in regulations of the State board adopted in accordance with Section 5 of this Act, and any such disapproval must specify in detail the reasons for such disapproval. The procedure for approving, disapproving, establishing and enforcing such long-range plans shall be the same as that set forth hereinabove for the incremental five-year plans and the long-range plans shall include such provisions as may be appropriate for the following: (1) Establishment of special education classes, instruction, curricula, facilities, equipment and special services; (2) Utilization of teachers and other personnel; (3) Attendance requirements for exceptional children;(4) Services for exceptional children whose condition will not permit them to profit or benefit from any kind of school program, such as day care, recreation programs and other services and facilities; and (5) Payment of tuition and other costs for attendance at appropriate semi-public or private schools or institutions which may be able to provide appropriate services for all or some exceptional children in comparison with that which can be provided through the school system, such as, for example: Children's Center of Montgomery; and Opportunity Center School in Birmingham. Such payment per exceptional child shall not exceed the average per pupil appropriation for all exceptional children in the school district, including allowances for teacher units, transportation and all other aid for exceptional children. Such payment shall, however, be limited to the extent that the child's needs cannot be met in the schools and further limited to private institutions which are approved or accredited for such training by the State Board of Education. Institutions which have not met minimal standards as may be prescribed by the State Board of Education shall not be eligible by direct or indirect means to receive state funds. No funds shall be expended for training in any school or institution outside the State of Alabama. Section 6 (6). The enrollment of exceptional children at appropriate state institutions for such children, which enrollment shall relieve the school board from any further responsibility for any such child during the period of such enrollment. Section 7. Teacher Units. (a) For each group of eight or more exceptional children not exceeding fifteen to be taught by a properly qualified full-time teacher as a special class or taught individually as homebound or hospitalized children unable to attend school for the major portion of a year, one teacher unit shall be allowed. The minimum number of pupils required for such unit may be reduced to not less than five, as authorized by regulations of the State Board of Education for special situations where the instruction of a larger number would not be feasible or practicable. One fifth of a unit may be authorized for each exceptional child taught in communities where fewer than five exceptional children are in need of special instruction as determined by the school board. (b) For each properly qualified member of the instructional staff devoting full time to the instruction or improvement of exceptional children from regular or special school programs as prescribed by regulations of the State Board of Education, one teacher unit shall be allowed. (c) When exceptional children are unable to attend school because they are homebound or hospitalized, instructional services may be provided by a duly qualified teacher or teachers, and one teacher unit shall be allowed for each nine hundred instruction hours and a proportionate part of one unit shall be allowed for less than nine hundred instruction hours. (d) Upon the conclusion of the initial five-year plan period provided for in this Act, the State School Board shall allocate teacher units by the method provided for in this Section 7 to each public state institution which provides residential care for exceptional children, such as, for example: Alabama Institute for Deaf and Blind; Alabama State Training School for Girls; Alabama Boys Industrial School at Mt. Meigs; Alabama Boys Industrial School at Birmingham; to the extent that appropriations for such teacher units are not otherwise provided for by law. Section 8. General Provisions. No child shall be given special services under the terms of this Act as an exceptional child until he is properly classified as an exceptional child. Provided, however, the child's parent or guardian shall be informed of the reasons for such classification. A copy of the report certifying to the child's type of exceptionality shall be kept on file in the office of the principal of the school in which the child is enrolled and at such other places as may be prescribed by regulations of the State Board of Education. In providing for the instruction of exceptional children, the school boards shall utilize regular school facilities and adapt them to the needs of exceptional children, except as otherwise provided herein. No exceptional child shall be segregated and taught apart from other non-exceptional children until a careful study of the child's case has been made and evidence obtained which indicates that such segregation would be for the exceptional child's benefit or is necessary because of difficulties involved in teaching the child in a regular school program. Appropriate placement shall be made on the basis of the placement committee recommendation, wherever this is practicable. The principal of the school in which an exceptional child is taught shall keep a written record of the case history of each exceptional child, showing the reason for any withdrawal of such exceptional child from the regular school program in the public school and his enrollment in or withdrawal from a special school program for exceptional children. Such confidential record shall be available for inspection by appropriate school officials and appropriate faculty at any time with the consent of the school principal. Section 9. Reports on Exceptional Children. The Alabama Boys Industrial School, Alabama State Training School for Girls, Alabama Institute for Deaf and Blind, Alabama State Department of Mental Health, State Crippled Children's Service, the State Board of Health, and the Department of Pensions and Security shall direct their field workers to review their case records on or before March 31 of each year and to report to the superintendent of each school board the names and other pertinent information for all persons who might (if certified by a specialist) be exceptional children in the school district and whose conditions in their opinion might require special education services. Section 10. Vision or Hearing Impaired and Those Having Other Special Learning Disabilities. The State Superintendent of Education is authorized to purchase and arrange for distribution among schools boards previously adopted textbooks, equipment and materials which are prepared in various resource and media

11-13-mc

by the state superintendent under the regulations of the State Board of Education. Said courses for which scholarships may be made available are those offered on the campuses of the institutions of higher learning in this State, except where necessary courses are not offered in this State. Where courses are not offered in this State in the areas requiring certification in exceptional child education, the recipient may receive said grant for attending an out-of-state institution of higher learning approved by the State Board of Education to meet the professional requirements of the State of Alabama. Section 13. Short Reference. This Act may be referred to as the "Alabama Exceptional Child Education Act." Section 14. Severability. The provisions of this Act are severable. If any part of the Act is declared invalid or unconstitutional, such declaration shall not affect the part which remains. Section 15. Repealer. All laws or parts of laws in conflict with this Act are repealed. Section 16. Effective Date. The Act shall become effective immediately upon its passage and approval by the Governor, or upon its otherwise becoming a law.

Pierre Pelham

President, Pro Tem and Presiding Officer of the Senate

Speaker of the House of Representatives

S. 13.

Senate 6-3-71
I hereby certify that the within Act originated in and passed the Senate, as amended.

McDowell Lee,
Secretary

House of Representatives
Passed 7-8-71, as amended

By: Messrs. Horne, Bailes, Branyon, Carr, Clark, Cook, Cooper, Dominick, Dozier, Edington, Fine, Foshee, Gilmore, Givhan, Hammond, Harris, Hawkins, Jones, King, Lindsey, Littleton, Lybrand, McLain, Malone, Noonan, O'Bannon, Owen, Pelham, Pierce, Register, Shelby, Vacca, Weaver, Wilder and Wilson

APPROVED July 22 19 71

TIME 11:30 A.M.

C Wallace

Governor

TESTIMONY FOR S.6, "EDUCATION FOR ALL HANDICAPPED CHILDREN ACT"

Monday, May 14, 1973 at Columbia, S.C.
Oliver L. Hurley, Associate Professor of Special Education,
University of Georgia, Athens, Georgia

Hon. Mr. Williams, Senators, Ladies and Gentlemen.

In this prepared paper I wish to make only three points. I also wish it to be understood that I speak not only as a professional in the field of special education, but also as a Black.

The first point is an endorsement of the notion that all handicapped children, regardless of the severity of the handicap, are entitled to a free public education. Some years ago during the course of a visit to a state institution for the mentally retarded I encountered a little girl who was lying in a crib. Wondering why she was so confined while the other children were not, I began to play with her. I found that even though I could make eye contact with her, she was unable to follow me with her eyes for more than about twelve inches. I began to try to "teach" her. In about 15 minutes, she could follow me about a quarter of the way around the bed. I was convinced then, and still am, that with a little work this child could have been taught some useful behavior and could have been gotten out of the crib. It seems safe to say that no one with any authority was concerned about the education of that little girl.

For me, this child, who showed some ability to learn, typified our reactions to these difficult cases--hide them away, exclude them, forget them. Such a prejudicial attitude toward those who are different must be changed. The "Education for all Handicapped Children Act" will help in this regard. Someone must assume responsibility for the education of such children; the state education agencies are a logical choice. It seems antithetical to American philosophy, as I see it, that whether or not a handicapped child gets proper care and proper educational treatment depends on the fatness of that child's father's wallet. How many of us can afford $3000 to $4000 a year for private schools.

Secondly, I wish to endorse the part of the Bill which specifically requires a written program for each child and its "due process" provisions. It is fairly common knowledge and belief in the Black community that many of our children are being labeled mentally retarded and emotionally disturbed who are neither; that this is the school's way of avoiding accountability. While it is common knowledge, it is also extremely difficult to prove with hard data, exept indirectly, since, in effect, we are dealing with institutionalized prejudice which results in proportionally too many minority children in classes for the retarded and too few in classes for the gifted. The requirement for a written program and due process, I believe, will substantially help to alleviate this problem which has been of paramount concern to me over the past few years.

While I cannot argue with the states' right to label children, I do argue with the label being applied on the basis of insufficient or incompetently gathered information with which the child or his parent is unfamiliar. Not only has the child usually not had an advocate, but too few systems inform the parent of the classification or of a change in school placement and the reasons for them. Although there are school systems which involve parents in the labeling decision and/or placement decision with parental veto power, by-and-large this is not so. Additionally, too often the notice to the parents is written in educational or psychological jargonese or is obfucatory that the parents do not understant it. Requiring a written program and due process may make us professionals make our labels relevant to the educational process, and our educational procedures relevant to our diagnoses.

Lastly, the provisions in the Bill for objective criteria and evaluation procedures for each child on an established, explicitly stated schedule is a welcome inclusion. In the past, the process of labeling has been a formal procedure while that of removal of labels has been accidental. Thus, once a child entered the special education subsystem, he was there for life. It has always been strange to me that a child's normal or near-normal performance in class carries so little weight if his IQ test score says otherwise. In spite of the known flimsiness of much of our diagnostic procedures and the multiple sources of error therein, it is still not uncommon to find children who have not been reevaluated in 5 - 10 years. To us in the Black community this seems especially true when the child is Black, poor, or both. Perhaps this Bill will be the impetus for schools to do what is already required by law in many states, but seldom systematically done.

In conclusion, I hope that the Senate will pass this Bill with its provisions essentially intact. However, since I do worry about fractionation of services, I am concerned that I could find no allusion to or requirement for integration of the provisions of this Bill (S. 6) with those of the Developmental Disabilities Act.

Thank you for this opportunity to testify.

THE

HIDDEN

HANDICAP

Juanice Ramsey
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SECONDARY SCHOOL CHILDREN WITH LEARNING PROBLEMS

MARY LEE ENFIELD
S L D Consultant
Public School System
Bloomington,
Minnesota

HOME — SCHOOL

MACLD

COMMUNITY

MACLD is a parent-professional organization providing information, therapeutic and action programs for people concerned with the total development and future of children with Special Learning Disabilities.
Children with Special Learning Disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. These disabilities include conditions which have been referred to as: perceptually handicapped, brain injury, minimal cerebral dysfunction, dyslexia, developmental aphasia, etc. They DO NOT include learning problems which are due primarily to visual, hearing or motor handicap, mental retardation, emotional disturbances or to the environmental disadvantaged.

MACLD supports early comprehensive diagnosis.

MACLD is insisting on appropriate public school educational programs, specifically oriented to SLD Children.

MACLD is asking that local, state and national agencies provide resources for research, diagnosis and education.

MACLD supports the need for broader training programs in our colleges and universities to equip teachers to recognize and teach children with Special Learning Disabilities.

Family membership	$5.00	Professional membership	$ 3.00
Friend membership	$3.00	Contributing membership	$20.00

MINNESOTA ASSOCIATION FOR CHILDREN WITH LEARNING DISABILITIES
Post Office Box 6391 Minneapolis, Minnesota 55423
A non-profit organization - Telephone 336-0590

THE HIDDEN HANDICAP

A new discovery is sweeping our nation, shaking the very foundations of our schools. The discovery of a hidden handicap, currently labeled learning disabilities. Eight out of every 100 children who enter our nation's schools each year are handicapped by moderate to severe learning disabilities. It is becoming apparent this often obscure handicap may be a primary reason for dropouts and delinquency.

If this has any merit, it would seem now is the time for the school to investigate it thoroughly and honestly. Now is the time for the school to ease up on blaming someone else for children's school failure and begin to take inventory of its own place in "the scheme of things". It would seem now is the time for education to assume the primary responsibility of academic failure in children who become dropouts, delinquent, and the unemployed of the future.

The majority of teachers are working very hard with the tools and skills they have learned. They are sincere in their interest in children. The important issue now is the newness of the area of learning disabilities and the changes that must take place in education to appropriately accommodate the educational needs of these children. There are new developments every day in this field, and it will take extra effort on everyone's part to keep up.

It would seem now is the time for teachers to seriously and sincerely re-evaluate their attitudes, their purpose, their teaching philosophy as well as their skill repertoire to determine their current effectiveness. It is time to cast aside any cloaks of indifference and find even more courage to care about the children they teach. Care enough to commit themselves to the task of truly teaching all children.

It is of great concern when you hear teachers become "prophets of doom", predicting John's failure. It is of great hope when you hear words of moral courage spoken in behalf of a child and belief in his ability. Even more gratifying when you hear a teacher accepting the responsibility if a student fails to achieve in the school environment .

Teachers are sometimes prone to predict dire consequences year after year and bless their successor with this prophecy. Secondary teachers and counselors watch the magic age of sixteen arrive, and John drops out, or has been "pushed out" by these prophets who warm their toes at the fires of prophecy fulfilled and congratulate each other on the continued accuracy of their predictions. Recent research by Rosenthal clearly substantiates the effect of teacher expectation, both negative and positive; in the lives of children. This study has serious implications for educators.

Maybe educators have used social, emotional and economic factors long enough as a reationalisation for their own failure to reach children. A dimension has been missing for a long time in the diagnosis and treatment of children with problems, the dimension of academic skills. This area may be the missing clue, the hidden factor behind many of the problems of our youth.

Take a case in point.

The school counselor, school social worker, and school psychologist had completed the staffing on Troy, grade 7, IQ 94. The conclusion was:

> Troy attended school five days since enrolling midyear, out of a possible sixty-two. His entire background, both family and environmental circumstances, clearly indicate no encouragement toward academic achievement. School is of no value to his passive, inadequate mother. His father died two years ago and his mother has lost control of him. He hasn't turned in one assignment; in fact most of his teachers don't even know who he is. He hasn't caused any trouble in school, but others report he plays hookey and takes a group of kids home to drink and play cards all day. Prognosis very poor - almost certain dropout.

The case could have stopped there, as many do, and all concerned could have shaken their heads in dismay over the eventual plight of this boy. The evidence seemed clear this boy had already dropped out of school, he was just waiting out the days as skillfully as he could manage and not get into trouble in the school setting.

However, this school team was not content to stop until all avenues were pursued. They were not going to hang this case up on an environmental hook. They requested an evaluation by an educational diagnostician to explore another dimension of Troy's life - academic achievement.

After a complete education evaluation, it was found Troy had first and second grade skills in reading, spelling, writing and mathematics. Another dimension had now been added to Troy's diagnosis which may or may not be significant. Could this possibly be the missing clue, the primary one, to Troy's basic disinterest in school?

It should also be added there are times when a child's environment is so chaotic or sick he is infected emotionally and/or socially to a point where school becomes a very insignificant part of his total life experience, and certainly there are children who have such low innate intelligence they cannot achieve; and of course there are children with obvious handicaps of blindness, deafness, cerebral palsy, etc. which hinder learning. But, what about the thousands of Troys who do not have complicating factors, or obvious problems but rather have hidden handicaps of serious consequences. Hidden beneath layers of failure, rejection and disapproval, they try to cope with the pressures of an educational system; but often fail because they cannot achieve success.

This article is meant as a brief introduction to the secondary teacher into the intrigue of the hidden handicap and dedicated to the proposition that if teachers become aware of problems they will commit themselves to finding solutions in the best interest of children.

THE PROBLEM

There are numerous youngsters in our secondary schools who have educationally significant discrepancies between their ability and achievement levels. A significant discrepancy is generally accepted as an achievement level one year or more below measured ability or capacity fore achievement. This is one definition of a learning disability child. Another is the child who has a capacity to learn, but for one or more reasons their major channels of learning are blocked or in deficit to some degree. For this reason they cannot learn via regular instructional methods.

There is controversy over the reasons for learning disabilities which range from minimal brain injury or neurological dysfunction, to genetic factors or chemical imbalance; to serious social and emotional problems.

Discussion of the various reasons for, or causes of, this discrepancy is not the purpose of this article. It may take years to resolve the conflict over causes. However, the fact remains there are many children in any school who have learning disabilities which seriously interfere and often totally block learning and academic achievement.

Some say, "This is such a controversial area, and so vague, I will wait awhile for the dust to settle", before they get involved. It may be well to remember there is often conflict on the edge of truth. Educators should be challenged to become involved in the collision of ideas, opinions, research, and experience rising from and around these children rather than withdraw from the conflict in apprehension or indifference. Otherwise, who else is there who will carry on educational negotiations in behalf of these children?

This handicap knows no intellectual, physical, economic or culture boundaries. All people everywhere are vulnerable.

How many children are there? Where are they located? Learning disabilities are international in incidence. The figures range from 1 to 20 percent. The generally accepted percent is about 8 percent, and the ratio is four or five males to one female.

SYMPTOMS

What do these children look like, how do they act, what are the symptoms? Can anyone identify them, or does it take clinical diagnosis? Dr. Jeanne McCarthy, in the May-June issue of The Grade Teacher, gives a very good list of symptoms or specific description of behavior which can be used in identification. They are as follows:

Behavioral Description of a Learning Disabled Child

Look around your class for one or more of the following characteristics, some of them contradictory, which are the 10 most visible signs of the learning-disability child...

1. Hyperactivity. Can't sit still. No organization. Desk a mess (although some may be compulsively neat). Tie this in with 6 below.
2. Perceptual-motor impairments. Poor coordination. Doesn't connect with what he reaches for. Handles pencil, scissors, etc., awkwardly or even grotesquely. Difficulty cutting a drawn pattern with scissors.
3. Emotional lability. (Compare this with 1, above.) Sits and does nothing. Doesn't seem to tune in. Seems to become upset when you begin to talk to the class. Slow to react; fails to interact. Rises to no bait you offer.
4. General coordination deficits. Awkward. Clumsy. Kicks over the wastebasket while trying to put something in it.
5. Disorders of attention. Short attention span. Easily distracted. Shows a tendency to keep repeating a word or phrase due to inability to change readily to another.
6. Impulsiveness. Seems to be reading a book and suddenly bops another child passing in the aisle. He is sitting doing a picture, and seemingly in the wink of an eye is across the room bothering somebody. Gets up pointlessly and aimlessly and wanders.
7. Disorders of memory and thinking. Makes inappropriate responses. (one child, asked her name, said "DE-2-4562." Another, asked how she was, said "Green.")
8. Unable to organize thinking, or draw the essential features out of anything. Slow to form concepts.
9. Specific learning disabilities. These are relevant to reading, spelling, writing, and arithmetic.
10. Disorders of speech and hearing. Misarticulation. Reversal. (The child who gets p, b, q, p mixed up, and says 71 for 17.)

These are the things you could observe if you were no more than a casual passerby. As a school teacher, you can recognize more.

From "How to Teach the Hard to Reach." Grade Teacher, May/June, 1967.

A child may manifest any or many of these symptoms to any degree. At the secondary level the symptom may also be wrapped in a very complex defense system of behavior which hides the primary cause of the disability. Recognition of a child with a learning disability is the primary step in referral. An initial diagnosis should ensue which would define the area and severity of disability. Then the crucial part begins - treatment of the problem, or in educational terms, design and implementation of an effective educational program.

THE PROGRAM

Programming for a youngster at the secondary level usually must be three dimensional in design. One dimension is remediation of academic skills, another is continued learning in spite of his low skill level; and the third is positive movement and modification in his self-concept, which is usually pretty ragged after six or more years of rather continuous anxiety and failure.

An intregral part of the program should be continuous and on-going evaluation, so the educational team, as well as the student, have a constant "reading" as to his progress and/or "hang ups". This will provide a basis for redesign when necessary so the program maintains an effective thrust into the total environment of the child.

Programming must also include both long and short term goals which add another element in the evaluation of its effectiveness. There seems to be two general directions of emphasis. A program can be planned on ability level or a functional level of achievement. Some children are so severely disabled the only realistic goal is functional, i.e. reaching a 4th to 6th grade level in language, arts, and mathematics. This level would allow them to function comfortably in the world by reading newspapers, magazines, balance checkbooks, figure interest, fill out applications, follow written directions, read maps, etc. This level is above the skill level of today's many dropouts and delinquent youngsters.

The goal which focuses on academic achievement at the ability level is a second direction for programming. There are many children with college potential ability that drop out of school because of academic failure. This disability knows no limits, but cuts across all social, economic, intellectual, and cultural bounds as does innate ability.

Reaching either of these goals will depend on a combination of 1.) the degree of the disability, 2.) the areas of disability, 3.) emotional and social maladjustment, and 4.) flexibility and the effectiveness of the educational program, 5.) intellectual potential, as well as other factors. It is also important to remember, regardless of the goals set, the program design can be very similar initially and goals can be modified and/or expanded as the program is continuously evaluated. The main emphasis should be on the words realistic and open-ended.

There are several assumptions which seem basic as an introduction before making specific suggestions for program design.

1. These are children with problems, not problem children. They are human beings with a legitimate right to problems and the expression of their failure and frustration. "Problem children" implies a totally negative concept of a child while "a child with problems" indicates areas of strength and normalcy along with problems.

2. There is a high correlation between academic failure and the problems of dropouts and delinquency. This evidence grows clearer every day.

3. If the above statement is true, it would seem to be of extreme urgency for the schools to immediately assume the primary responsibility of the teaching-learning process of academic achievement, and discontinue projecting so much of the blame on the parents and the child. It is time to call a sudden and screeching halt to labeling children immature, lazy, unmotivated, careless, pre-delinquent, etc.; and begin looking for reason(s) in the school environment, instead of immediately blaming the home environment when all does not go well at school. In most cases the child with problems in school is reacting to school failure. These children cannot learn via regular instructional methods, the teacher often has nothing else to offer, and the child begins to fail. Failure produces anxiety, anxiety produces behavior to reject failure, and soon the vicious cycle begins which often wheels a child right into trouble.

4. In the majority of cases, it appears emotional problems are the result of learning disabilities rather than the cause of academic failure. If this is true, it is time for teachers to become involved in the teaching-learning process with new tools for their skill repertoire, and creative innovations in their approaches.

5. Any child can learn at a level commensurate with his ability level. It is the school who must find the way(s) he can learn. It is the home that must give him the emotional support, and it is society which must accept him for what he is, not what he is not.

In view of these assumptions the following specific suggestions are offered. Not as complete answers to use indiscriminately, but rather a few ideas which hopefully will trigger more ideas and creative innovations to help children learn in spite of severe learning disabilities. These dimensions should be implemented simultaneously.

FIRST DIMENSION

An appropiate remedial program in the areas of skill deficit. This may include very basic remediation in the mechanics of reading, spelling, writing and/or mathematics. The goal of this dimension is not comprehension and speed, but basic skill remediation. As an example, often these children need a multisensory approach in reading with an emphasis on phonics and kinesthetic drill; instead of a speeding up of unsure and faltering skills. This part of the program can be offered through tutoring, special classes, and other school placement.

SECOND DIMENSION

Children can learn in spite of severe deficits in the skill or mechanical areas of academic achievement. If a child cannot read his science textbook, that does not mean he cannot learn the content of the text by other means. Educators have lived so long in the predetermined styles of teaching which are rarely questioned, and often indiscriminately superimposed on all children. The 'mechanics must precede the content, regardless', is the progression. This is a fallacy, a somewhat rigid and unjust notion passed down as part of our "traditional wisdom". Unfortunately, it does not seem natural for many teachers to question or inquire, rather just execute. In so doing thousands of children are deprived daily from the latest and newest teaching methods and techniques. They are also excluded from learning because they have been unable to acquire the mechanics of learning. This is like saying a child is blind so we should not teach him to read because he cannot see what he is reading about. What can be done to help children learn in spite of their disabilities?

a. Put textbooks on tape. Schedule him to listen to his assignments.

b. Encourage participation in discussions.

c. Read tests to the child and record his answers or provide an objective test and he can check his own answers.

d. Accept reports on tape or orally rather than written reports until he is able to write them.

e. Use audio-visual aids as much as possible.

f. Assign written projects within the limits of his skill level and thought projects within the limits of his ability.

g. Let him use fact tables or matrix charts in math as many children have memory disorders, so they cannot remember a series of irrelevant data. Maybe teach him how to use a slide rule. A youngster will discard these crutches, as they are cumbersome, when he no longer needs them. Furthermore, what dire judgment will fall on student or teacher, if he has to look up 7 x 8 ?

h. Explore the use of teacher aids and para-professional, to work with these youngsters, on a volunteer basis.

THIRD DIMENSION

The third dimension of programming concerns the self concept of the adolescent who has failed for years. Their behavior will often indicate what they think of themselves. If a child has severe problems of an emotional and social nature, referral for further psychological evaluation may be appropriate. Some children are fortunate enough to have learned to cope with failure, so if they find success within the school setting their behavior modifies and psycho-therapy is not indicated This is a judgement that warrants serious considerations on the part of the school and is of vital consequence. Often schools provide counseling services, group therapy sessions, buddy systems, formal behavior modification schedules and other opportunities for children who do not need intensive therapy or who cannot obtain it for some reason.

THE ENGINEER

Of course a program is of little consequence without a teacher, the human engineer, who implements it. He is the crucial key to the lives of hundreds of children. It would seem a teacher's attitude toward his role is of basic importance. He must have two capacities for development:

1. A capacity to relate to children.
2. A capacity to develop and implement a comprehensive skill repertoire.

These two capacities, coupled with a belief in the child, can work success. An old adage goes, "when love and skill walk hand in hand, expect a miracle."

Thus the teacher is the key to effective implementation of programs. When all is said and done, it is the teacher who is primarily responsible for children's school success or failure. Much will depend on how willing teachers are to look into this new area, look for children who are learning disabled and then be daring enough to try new techniques and much patience.

SUMMARY

This is a call for teachers who believe children have the right to learn in spite of skill deficits. A call for the abandonment of pessimistic predictions of children's school achievement. A call to teachers to confidently assume their rightful role as the human engineers of the greatest task on earth, teaching all children. Martin Luther King, Jr., stated it like this: "The tragedy of today is not in the noisiness of the 'bad' people, but in the silence of the 'good' people. Too many are so objectively analytical that they never get subjectively committed."

How to teach the hard-to-reach

Reprinted from May / June 1967 Issue of Grade Teacher Magazine

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If you are the typical teacher, you have one or two or three children in your class who are destined — quite needlessly — to become educational discards unless our schools come to recognize the child with severe learning disabilities and learn to teach him properly

This article is based on interviews with **Dr. Joanne McRae McCarthy** (seated) and three of her staff in Community Consolidated School District 54, Hoffman Estates, Ill. They are, left to right:
R. Charles Hanlon, school psychologist, M.S. in Psychology, Bradley.
Nancy Jo Telford, Psycho-Educational Diagnostician, M.A., Northern Illinois.
Norma Harmon, Psycho-Educational Diagnostician, M.A., Northern Illinois.
Dr. McCarthy, director of special services in District 54, received her doctorate at the University of Illinois in administration and psychology.
Some of her activities include . . .
Governor's Advisory Committee on School Psychological Services.
Chairman, School Psychology Section of the Illinois Psychological Association.
Director of Special Education, Niles Township, Illinois.
Consultant in Learning Disabilities, Chicago Institute for Juvenile Research.
Project Director of a grant to study remediation of learning difficulties.
Conducted workshops at West Texas State, Texas Christian, Rochester.
Represented public schools on behalf of children with learning disabilities at Congressional hearings in Washington.

EIGHT OF EVERY 100 children who enter this nation's schools each year are handicapped by *severe learning disabilities*. By that is meant they have the capacity to learn, but for one reason or another one or more of their channels for learning is blocked. The eight percent figure varies from authority to authority, mainly because of different interpretations of the word "severe." Some experts say one percent; others say 20. Whomever you believe, here is the plain fact:

If you are the typical teacher, you have one or two or three children in your class who are destined—quite needlessly—to become *educational discards* unless our schools come to *recognize the child* with severe learning disabilities and take the pains to *teach him properly*.

Who is he? He is hard to identify—and that is why it is only in the past few years that specialists in learning-teaching processes have come to set him apart. In Hoffman Estates, Ill., a shiny new suburb 40-odd miles northwest of Chicago, there is one of these specialists who has set up a program based in large part on identification. She is Dr. Jeanne McRae McCarthy, who starts by explaining:

"He is the kid of whom teachers everywhere say, 'He drives me out of my mind!'"

Dr. McCarthy is a member of the Association for Children with Learning Disabilities, so she also cites the ACLD definition:

"He is a child with normal or potentially normal intelligence who has learning disabilities of a perceptual, conceptual, or coordinative nature. . . ."

That is the working definition. How does it translate? Another of Dr. McCarthy's definitions is this one:

"He is not blind, but he cannot seem to see, he is not deaf, but he cannot seem to hear, he is not retarded, but he cannot seem to learn."

After three definitions (there are dozens more) you are entitled to say, "Yes, but how do I recognize him?"

Look around your class for one or more of the following characteristics, some of them contradictory, which are the 10 most visible signs of the learning-disability child. . . .

1. Hyperactivity. Can't sit still. No organization. Desk a mess (although some may be compulsively neat). Tie this in with 6 below.

2. Perceptual-motor impairments. Poor coordination. Doesn't connect with what he reaches for. Handles pencil, scissors, etc., awkwardly or even grotesquely. Difficulty cutting a drawn pattern with scissors.

3. Emotional lability. (Compare this with 1, above.) Sits and does nothing. Doesn't seem to tune in. Seems to become upset when you begin to talk to the class. Slow to react; fails to interact. Rises to no bait you offer.

4. General coordination deficits. Awkward. Clumsy. Kicks over the wastebasket while trying to put something in it.

5. Disorders of attention. Short attention span. Easily distracted. Shows a tendency to keep repeating a word or phrase due to inability to change readily to another.

6. Impulsiveness. Seems to be reading a book and suddenly bops another child passing in the aisle. He is sitting doing a picture, and seemingly in the wink of an eye is across the room bothering somebody. Gets up pointlessly and aimlessly and wanders.

7. Disorders of memory and thinking. Makes inappropriate responses. (One child, asked her name, said, "DE-2-4562." Another, asked how she was, said, "Green.")

8. Unable to organize thinking, or draw the essential features out of anything. Slow to form concepts.

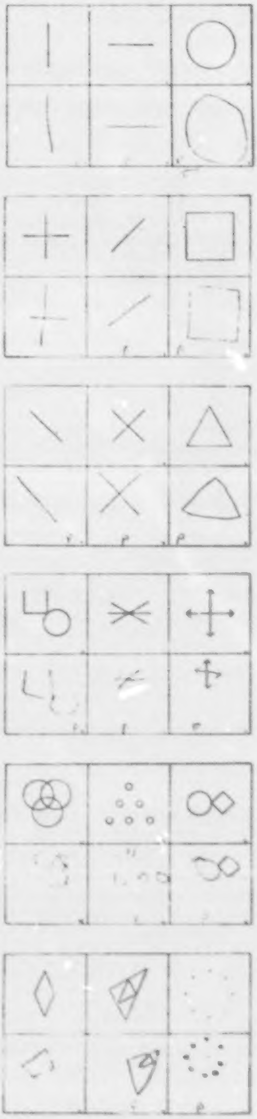
9. Specific learning disabilities. These are relevant to reading, spelling, writing, and arithmetic.

10. Disorders of speech and hearing. Misarticulation. Reversal. (The child who gets p, b, q, p mixed up, and says 71 for 17.)

These are the things you could observe if you were no more than a casual passerby. As a school teacher, you can recognize more.

The basic problem. Have you ever had a pupil who seems to comprehend when you talk, but not when you write? How about the opposite—he gets what you write but can't seem to absorb what you say?

Have you ever had a pupil who nods his head in eager comprehension when you tell him something—then cannot repeat it? Or one who can tell you the answer, but can't write it? Or who, if you showed him a ring could never say "round" or "ring" . . . who couldn't spell it either . . . but who could make a circular signal with his fingers?



Typical diagnostic problems are shown by this Beery-Buktenica test of a boy nearly 8 years old. Is visual perception bad—or is the problem motoric? Since the simpler forms (upper three) are copied quite well, while the lower three get worse, motoric is indicated.

Now you are starting to get somewhere. The child with severe learning disabilities suffers a malfunction or misfunction or dysfunction of incoming channels or output channels—or both and the inner processes. Why? Dr. McCarthy of Hoffman Estates says: "We can wait 50 years for the neurologists and psychologists to tell us why. But what is more important to *those of us who are teachers* is to teach these kids as much as we can teach and—more important—as much as they can learn."

In a careful and detailed analysis of the problem, Dr. McCarthy has produced a synopsis of disabilities, the observable classroom behaviors that lead to diagnosis, and the teaching techniques most likely to circumvent and remediate disability. . . .

Auditory learner. This learning-disability child has problems in visual-motor channels. He reverses p, q, b, d, n, u even after the seventh or eighth chronological year. He often has mixed laterality—perhaps writing left-handed, kicking right-footed, etc. Trips over his own feet, bumps into things, seems to fall off a chair without reason. May be able to give correct answers verbally when questions are read to him, but cannot write them. Handwriting is poor, as are artwork and drawings. Does poorly on group tests of intelligence or achievement (basically because such tests are usually written.) Gets lost. Can't tell time.

Try these techniques. . . .

Phonetic reading works best. Encourage the child to respond orally. If you use such devices as flash cards, support them with plenty of auditory cues and with motor tracing. Show the child how to use line markers in reading, to reduce distraction and eye-wandering. Tape lessons whenever possible, and let the child answer on tape.

Whenever you can, give tests orally, so that you are testing accumulation of knowledge, not one of the channels of learning.

Dr. McCarthy and her group cite the example of a girl who put more honest and eager effort into her work than almost any other student in the district. An example of her work is reproduced with this article —a fill-in-the-blanks test . . . . Of it Dr. McCarthy says:

"She was trying her head off. She didn't scribble all over the paper. She didn't crumple it or tear it. She didn't try to hide it. She turned it in. And she got zero. As if this were not low enough, someone also added an F. "It doesn't take many experiences like this to break a child's spirit. . . ."

The McCarthy team explained the problem to the girl's teacher, who adopted the practice of bringing the learning-disability child up to her desk to answer tests verbally, while the rest of the class wrote the answers.

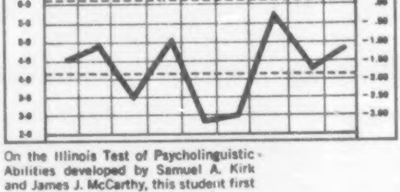
"There is little point," says Dr. McCarthy, "giving a child zero for spelling, when the objective of the test was science."

Dr. McCarthy points out, however, that to teach to strength in this manner is only part of the optimum process. "You must also work to remediate the weakness," she cautions. "That is the way you can gradually improve the pupil's learning capacity."

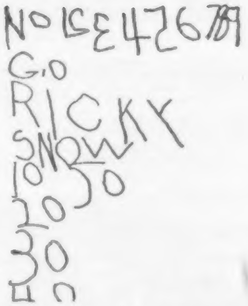
Visual learner. This child has problems with the auditory-vocal channel. The most common manifestation is in speech (articulation) and in speaking problems. Sounds or syllables may come out in odd ways. This is the child who says "pasghetti" for spaghetti. Has trouble sequencing small words. Uses wrong prepositions. Responds in one-word sentences. Does better if you show him than if you tell him how to do something. Great trouble with rote memory such as the alphabet, number combinations. This child seems to be less intelligent than the IQ tests indicate.

One interesting characteristic is a tendency to watch your face intently as you talk or read to him. He's a visual learner, remember; he's trying to read your lips, since his auditory channels play tricks on him.

Give the child with this disability all the visual aid possible. Look-say works best in reading. He does well with sight cards and flash cards. In extreme cases you may need to give individual training in auditory discrimination.

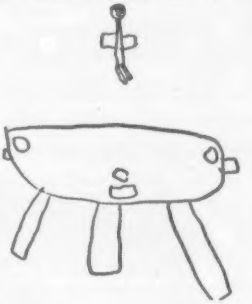


On the Illinois Test of Psycholinguistic Abilities developed by Samuel A. Kirk and James J. McCarthy, this student first showed a mental age of just over 4 years, against a calendar age of over 6.



Reversals shown in this child's attempt to write letters and numerals are typical of children with severe learning disabilities. Notice that the much-practiced name is fairly well done.

Below, result of the standard test: "Draw a picture of a man and a picture of yourself." The job of the psycho-diagnostician is to determine whether the eye sees inaccurately—or the hand fails.



"Ideally, the problem may be no worse than teaching them to discriminate between the sounds of p and b," Dr. McCarthy says. "But it can be so bad that you try high and low sounds from two bells . . . even a horn and a bell, trying to establish through a badly functioning auditory channel that things sound different."

Sound blending is, as you'd expect, a difficult feat for this child. You can say "c . . . a . . . t" to him—and he does not see how those three sounds can blend together into "cat."

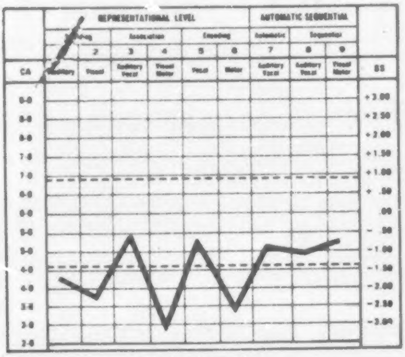
Decoding disability. When the learning-disability child with auditory problems is short on decoding, he is unable to establish the significance of what he is told—or the questions he is asked—or the instructions he is given. He hears—but he is unable to file the information away usefully. Try these techniques . . .

Use short sentences with one idea only. Keep questions short. Supplement what you say with gestures whenever possible. If you support auditory material with visual aids, it helps.

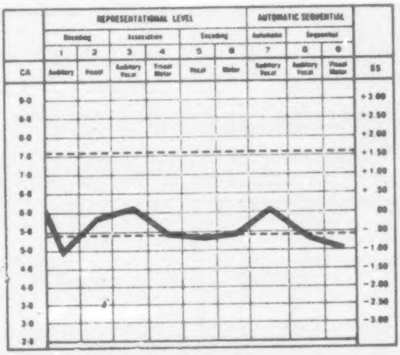
When the problem in decoding is visual, you'll find that the child doesn't enjoy pictures or books very much. He often cannot form a story from what he sees in a picture. His understanding of what he reads is limited.

Use phonic reading methods with him, and allow plenty of chance for him to talk. Since it is particularly difficult to tell whether he understands or not, check comprehension in several ways. Give auditory clues. This child makes beneficial use of tape recorder, records, and other methods of auditorizing material to be learned.

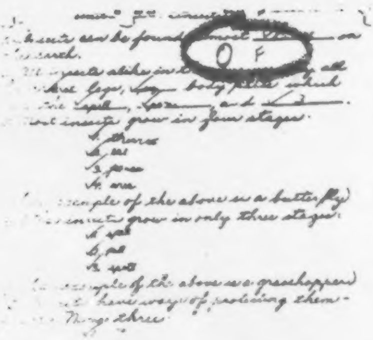
Association poor. You'll recognize this problem in the child who does not relate what he sees and hears to what he has seen or heard before. He does poorly on similarities tests. He raises his hand frequently—but often gives foolish an-



Ten months later, at CA 6-11, the mental age is up to 4-7. Notice, however, that the profile is still ragged, with some of the highs in areas that were formerly very low on the tests.



Excellent progress is shown here, at CA 7-7 and MA at 5-5. Notice that the profile is now comparatively flat. Uneven profile is a signal of learning disabilities, and the flattening a sign of improvement.



The worst experience for any child is a 0 (with an added F) on a paper that is an obvious attempt to do well. This child, at the teacher's desk, was able to speak the answers perfectly. How would you have graded the student's paper?

swers. He does not comprehend instructions, perhaps taking a long time to mull them over—then doing nothing.

"Johnny, stand up, go to the board, take some chalk, and write your name twice." Give the boy these instructions and he is likely to stand up, ponder the instructions a while, then sit down. Obviously, the trick is to use one-concept instructions, give plenty of chance for response and accept short responses.

To give the child with associative problems long-range help, work on his ability to find common characteristics in things—in animals, objects he sees. Support this with work on differences. Give him a box containing many items, all in two or three categories (buttons, poker chips, steel washers) and have him sort or categorize them. Tell him stories with incongruities and help him recognize what is wrong. As he shows progress, increase the difficulty of these exercises. Often the child learns a lot helping his mother sort out the groceries—and sorting the knives, forks, and spoons into the proper trays as he helps dry the dishes.

Encoding disability. This child —often called the shy child—has trouble putting back into words what he has seen or heard and knows quite well. If the problem is vocal, he talks little—or prattles with few ideas. Uses one word as a response in most cases. The answer is practice in speaking sentences. Ask the child to describe simple things—particularly actions.

You might move your hand in a circle and ask the child what you are doing. Depending on the way the question registers on him he might say, "Circle." What you want him to say is—ideally: "You are moving your hand in a circle."

Since part of the encoding process may be speech itself, have him practice repeating phrases and sentences after you.

When the encoding disability is motoric, the handwriting and drawing are poor. You can't tell if the child knows the answer or not by looking at written responses. You'll notice that he has trouble with imitative games children play; he cannot duplicate the actions or gestures of the other children. He is hopeless at charades, and Simon Says is completely out of his range.

You make progress with poor motor encoding if you encourage tracing of letters and pictures. Ask the child to imitate your movements. Work him into simple finger plays, charades and imitative games, but avoid having him fail sharply, particularly in situations where his peers may laugh at him.

The motor-problem child will give you fits at recess time—until you teach him how to zip and button his clothes and tie his shoes.

What the child is not. By now it may seem to you that the descriptions of behaviors which Dr. McCarthy and others attribute to the child with severe learning disabilities are exactly those which you have often noticed in:

The slow learner.

The undermotivated child.

The emotionally disturbed child.

The culturally deprived child.

The mental retardate.

The just plain spoiled brat.

Dr. McCarthy explains this apparent confusion in this way:

"A child who has severe learning disabilities may *also* have additional problems. But you must approach them differently. Undermotivation disappears when the proper stimulus is found, and learning becomes normal. Psychiatry finds solutions to emotional disturbance. The culturally deprived child responds to improved environment. The spoiled brat—well, sometimes a parental whipping helps.

"Even the mental retardate and the slow learner can be helped to maximize their learning potential with the proper teaching methods. But—the child with severe learning disability must be approached on the basis of individual learning patterns.

"In diagnosis, it is usually easy to differentiate the learning disability from other learning problems. The basic clue is extreme discrepancies between abilities, as shown in such tests as the Illinois Test of Psycholinguistic Abilities. When this test shows notable ups and downs, the problem may well be learning disabilities. In most cases involving the slow learner, undermotivation, emotional disturbance, cultural deprivation, retardation and spoiled bratism, the mental age may be lower than chronological age, but the profile will be fairly level. This indicates a relatively normal range of open learning channels, in contrast to the ragged profile of the learning disability child, which indicates that some of the normal learning channels are blocked in one way or another."

Is there a cure? Dr. McCarthy winces at this question, because she doesn't like the word "cure." Still, it is a proper indication of the progress that is made. Many children with severe learning disabilities may show lower IQs when they enter school. The McCarthy team doesn't rely greatly on kindergarten tests. They consider the age group too fluid. Children whose tests at K level indicate they haven't a ghost of a chance to learn anything too often prove so resilient they end up on the honor list in high school. Others whose tests in kindergarten give great promise, turn out to be classic drop-outs.

But, by the first grade, academic learning has begun. IQ tests become truer indicators of educability. Weak spots reveal themselves, as do strengths. You begin to see the areas where a "cure" might be possible.

"If we raise the IQ 10 or 15 points, and provide intellectual exercise for learning weaknesses . . . if we provide knowledge through channels of learning that will accept it . . . if we keep a child in school past the sociological and economic danger points . . . if we clear the way for more learning—isn't that a cure?" Dr. McCarthy answers her own question. "Just give us the chance." □□

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MACLD is a parent-professional organization providing information, therapeutic and action programs for people concerned with the total development and future of children with Special Learning Disabilities.

Children with Special Learning Disabilities exhibit a disorder in one or more of the basic psychological processes involved in understanding or using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic.
These disabilities include conditions which have been referred to as; perceptually-handicapped, brain injury, minimal cerebral dysfunction, dyslexia, developmental aphasia, etc. They DO NOT include learning problems which are due primarily to visual, hearing or motor handicap, mental retardation, emotional disturbance or to the environmental disadvantaged.

MACLD supports early comprehensive diagnosis.

MACLD is insisting on appropriate public school educational programs, specifically oriented to SLD Children.

MACLD is asking that local, state and national agencies provide resources for research, diagnosis and education.

MACLD supports the need for broader training programs in our colleges and universities to equip teachers to recognize and teach children with special Learning Disabilities.

Family membership	**$5.00**	Professional membership	$ 3.00
Friend membership	**$3.00**	Contributing membership	$20.00

MINNESOTA ASSOCIATION FOR CHILDREN WITH LEARNING DISABILITIES
Post Office Box 6391 Minneapolis, Minnesota 55423
A non-profit organization - Telephone 336-0590

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TESTIMONY BY MRS. CHRIS GRIFFITH BEFORE THE SENATE SUBCOMMITTEE ON THE HANDICAPPED ON S. 6, THE "EDUCATION FOR ALL HANDICAPPED CHILDREN ACT", COLUMBIA, SOUTH CAROLINA Monday May 14th, 1973

I am not a speaker nor a speech writer and I come before you to speak to you from my heart. I am the mother of an autistic child and I also know what it feels like to be handicapped since I was deaf until age 32 when the bone surgery for ears was developed. I was very fortunate to be born in 1928 instead of 1961 when my son was born into our sophisticated society. In those days there was no school psychologist to send me to for testing who would then label me and ultimately expell me because I didn't fit the program. In the first grade, the teacher had many problems with me and I recall being spanked every day because I didn't follow instructions. I am sure she went to the principal often because I was a problem but in those days the State of Georgia budgeted local school districts on the basis of warm bodies sitting in seats and she could not expell me. In the second grade I was fortunate to have a teacher who understood my problem and I spent that year in her lap or with my chair under her desk. She guided me to the ability to read lips and in that one year helped me to learn to get by with my handicap. I have been allowed to function in society and I have come to a very real deep appreciation of this fact.

I knew something was wrong with my son from birth. He was the third child and the other two are normal. I suspected deafness of course because he functioned as if he were deaf and also because of my history. When he was about two I started out on a long, expensive, heartbreaking trek from doctor to doctor seeking first of all a diagnosis and help in managing my child. I was repeatedly told for one year that I was an over-anxious mother and that my child was just normal and the other two had been extra bright, therefore I didn't know how to cope with a normal child. At age 3 I took him to psychiatrist at Emory University Medical School and in Georgia Emory is considered the pinnacle of medical authority. He told me my child was autistic and hopeless and that I should commit him to Central State Hospital and forget I ever had him. I had never heard the word before such [illegible] understand the implications of it. I asked the cause of this and was told I was the cause because I was subconsciously rejecting him. Quite frankly, I decided this psychiatrist was crazy because this child was planned and I could not understand the bland advice to shut off life for a child before anybody had even tried to work with him to understand his problem. I then tried unsuccessfully to find another doctor in Atlanta to either confirm or deny this diagnosis. I was told that since I had been to Emory they would not change that diagnosis even if they did not agree with it. If a doctor tells a mother her child needs to have a kidney removed its standard procedure to have consultants to confirm before they cut out the kidney and I was startled that in this day and age I was being advised to shut him off from life with no confirmation.

I went to the local mental health department and asked to go through their diagnostic center but was denied because I already had a diagnosis. I went to the State Mental Health Department and learned I would have to commit him to Gracewood (a very large state retardation center) 100 miles from me and I would not be able to see him for one month. I was then told I would have to be put on a waiting list which consisted of approximately 8,000 and it would be several years before they would get to him.

I contacted every agency listed in Georgia, some of them several times, and nowhere could I find anything to help my child. At age 5 I had a call from a member of the retardation association and she offered to take me and my child to a small school for the retarded. My hopes soared, my child's behavior had become almost unbearable because of my inability to handle him, he screamed almost all night, had no speech and his feeding and toileting resembled an animal.

Almost immediately after we entered the director's office my son began to tantrum because he was in a strange place. I held him very tightly but soon he was getting out of my control so I laid him on the floor and sort of kneeled on him. A psychologist walked up and watched for a few minutes and when my son quieted down I looked up at this person and begged, "please help me with my son, I don't know what is wrong with him and I don't know what to do." "Yes, Mrs. Griffith he said, I will help you." He helped me out of the office and back to my car muttering "there is no way we could take this child, no way." I cried for several hours and finally realized I had been in a praying position when I begged that man for help and I vowed right then I would never go on my knees to any man and beg for help again. I got on my knees and prayed to God which at this point was the only source I had to go to. I prayed until I was filled with self-confidence that I knew more than any person I had saught help from and with God's help I would do what I had to do.

My sons frustrations and tantrums were the manifestation of his inability to communicate. I tackled the tantrums first by putting him in the floor and sitting on him. I then trained my child to talk using the John Tracy correspondence course and what is now called behavior modification techniques. I called it mothers intuition then. My husband and my two normal children also worked on speech development and now he can say anything he wants to. He still does not communicate well except in the use of concrete words. I toilet trained him by rewarding him when it was properly placed and punished him when it was in his pants. His feeding was corrected by simply taking his food away if he did not eat properly. This sounds very simple but it represents un-told hours of going over and over the same thing. I worked on his functional behavior by taking him into numerous super markets to teach him how to walk down the aisles, how to push the buggy, how to look out for other people, how to find items and then to pay for them, then if he had been good and followed instructions I gave him a penny for the bubble gum machine which sits at the exit of almost every store.

He is now 12 but is functioning at about age 5. I have trained him to do simple chores, sweep the floor, clean out ash trays, empty garbage, and to pick up things and put them in proper place. I also have an organic garden and for the past five years have worked with him to teach him gardening. He learned the difference between weeds and vegetables when the first crop started to bear and he ate the vegetables right off the vines. He has a push model lawn mower and we are working on teaching him to cut grass.

He is beginning to conceptualize and learn the meaning of a number of abstract words -the ability to learn is there - but no program exists that will take him. His progress still is dependent on me and my family's ability to teach him. I have enrolled him and he has been kicked out of every program in Georgia that supposedly provides services for the "Emotionally Disturbed." He has also been kicked out of the church. I asked the educational director of the church if she thought that Jesus said, "suffer the little average normal child, who can fit these programs we have developed, to come unto me." I got a startled look but no answer.

Our society is so sophisticated we know how many head of cattle there is in Georgia, how many pine trees the pulpwood industry will cut this year, how many fire ants we have but we don't know how many handicapped children we have. No one has cared enough to even count them. I have never been asked by a census-taker if there was a handicapped person in the home.

We have sent men to a dead planet, we have fought other centries wars and we are feeding the poor of the world but we are denying autistic children their right to life to the best of their attainment.

My son is the victim not only of autism but of a neglectful society.

My son needs everything now afforded the normal child. Basic research into the medical sciences as to cause is almost non-existent. Properly structured educational programs are also almost non-existent.

Please include "Autistic" in the definition of handicapped child in S.6.

Thank you for allowing me to appear before you and I would be happy to answer any questions.

Mrs. Chris Griffith
2314 Street DeVille NW
Atlanta, Georgia 30345
Telephone 404-634-7482

Statement of Frances K. McGlannan regarding Specific Learning Disabilities Committee Hearing, S. 6, May 14th, 1973, Columbia, S.C.

Parent
Founder/Director: The McGlannan School, a Language Arts Center
(clinical reading school and research facility
for the learning disabled student)
Member: Florida State Advisory Committee for Exceptional Child Education
(presently serving third term)
Research Editor: The Journal of Learning Disabilities, Chicago, Illinois
(an international multi-discipline professional journal)

I speak for the child who presents an average or above intelligence, and yet cannot learn to read, spell, or write in our school system today. This child, enters adulthood as a "functional illiterate". He is unable to competently complete an employment application form; she is unable to follow directions on a cake mix package; and both are denied the pleasure of sitting down and reading a good book. *All this, and much more, in spite of good, traditional teaching and great effort on their part.*

The subsequent loss, due to the numbers of these children, in terms of human dignity and, at a more practical level, to the gross national product statistic is more than merely significant. The expense in caring for those who remain unemployed or who become delinquent is truly staggering. Documented statistics give witness to these points.

Why has recognition of the child with Specific Learning Disabilities been both delayed and confused?

Perhaps, because learning disabilities uniquely involves *three* disciplines with symptoms evident to only one -- EDUCATION.

The underlying cause of learning disabilities is physiological, properly the sphere of medicine; the diagnosis, on which a prescriptive educational program may be based belongs to the discipline of psychology; while the remediation of the problem has remained almost entirely the responsibility, and burden, of the classroom teacher.

Communication between these three disciplines has been, for the most part and traditionally, non-existent. Yet, model programs consistently prove the necessity for, and success of inter-disciplinary cooperation. This multi-discipline approach to learning disabilities is, according to Dr. H. B. Szliwowski of the Clinique de Medicine Infantile, University Hospital Saint-Pierre, Brussels, Belgium, the major difference between the American and European school programs.

How does a parent react as he watches his son, who is eager to learn at age six, become a frantic, taunted, and defeated student by the middle of the second grade? How would *you* feel if your son proudly "read" an entire story to you with the book *held upside down*? A feat of memory perhaps, but certainly not "reading".

Let me tell you how we parents react. After the shock and paralysis subside, you begin searching for answers, all the while painfully aware that reading is the keystone to your child's future. Eighteen years ago, there weren't too many answers being offered in the United States for this form of learning handicap.

In the case of the McGlannan family, anger and frustration were gradually sublimated into a need for direct action. The goals set then continue today. The goals became: How to teach these children; how to introduce clinical reading techniques into the public school's classrooms; ongoing research into the "why" of this disability; and how to disseminate information to the public.

I began by seeking out our own professionals, some of whom had been working, unrecognized by their peers, for years. Then, came study in Graduate programs for reading, years of tutoring non-readers (many at the adult level) slowly developing and adapting techniques and methods from those that were being used to instruct the blind and deaf. We were, even then, successfully teaching our blind and deaf, but not our perceptually handicapped. Finally, it became mandatory to study the European administrative procedures, most especially in Scandinavia and England where "word blindness" was, and is, an unstigmatized household word.

In 1964, still not finding viable school system programs, the McGlannan family established a clinical reading school. A full time, full curriculum based on clinical techniques was offered. The objective of this school was to proffer a demonstration facility for prescriptive teaching procedures, to cooperate in medical and genetic research with university medical personnel, to develop administrative procedures for inter-disciplinary cooperation, to invite all who cared to share in what we were doing -- to learn from each other, and foremost above all else, help children return to the school system as functioning, achieving students.

In April of 1966, *The Saturday Review* published an article about the problems, complexities, and the instruction of dyslexic children (a category of learning disabilities), citing our school and its work. To put it mildly, the results of this article were a little overwhelming: we received over 10,000 letters, over 1,000 telegrams and telephone calls, Congress took note and the article was inserted into the Congressional Record with appropriate commentary, HEW and NINDB sent observers, as did some seventy school districts throughout the country, *Time*, *Parade*, and *Newsweek* did their own stores on the subject. Certainly, all of this reaction, was and is, a positive indicator of the need and interest for help and information.

Today, this professional and parental interest continues in full force.

While many of our early students are now in college, we at McGlannan are still humbled each September by a new and ever more difficult group of students. We're still looking for answers. We are taught by a continual flow of professional visitors from the United States, Canada, and Europe. In turn, we teach, sharing freely our findings.

The last half decade has been especially fruitful for us all.

In 1967, the *Journal of Learning Disabilities*, the first international, interdisciplinary professional journal was founded. As a result of the publisher's interest, the founding Editor-in-Chief, a former staff member of our school, set for me a difficult assignment: "Go to Europe, to the Soviet Union, to anywhere in the world that you feel is necessary and bring us back the most forward thinking professionals from whatever relevant disciplines for our Editorial Advisory Board." The *Journal* was not refused by a single invited professional participant.

Other, equally valuable events have taken place: Title VI; HEW's Task Forces 1, 2, and 3; the multitude of facilities listed in Harper & Row's new comprehensive directory by Ellingson and Cass, the first of its kind; the incredible growth of ACLD; Federal funding of medical research; and finally, the presentation of this comprehensive Senate Bill #6.

All this, and much more, give testimony to *recognition* of the need.

After eighteen years of "firing line" experience in being responsible for the progress of learning disabled children, of being *accountable* as a private school where tuition is involved, I should like to offer the following thoughts:

1. Each year, we enroll students who are, after three or four years in public, private, and tutorial schools, non-readers. These youngsters have already developed emotional overlay. Many are hyperactive, distractible, or demonstrate severe memory deficits which require crushing, repetitive teaching techniques. Our facility has been able to succeed in most cases where others have failed *primarily because of a cooperative inter-disciplinary approach* -- not simply because of clinical, multi-sensory reading techniques, ungraded classrooms, and prescriptive educational procedures.

Education alone is not the answer for many learning disability children!

Reference here is made most especially to children in the category frequently referred to as "minimal neurological dysfunction", and to the youngsters with unrecognized epileptic equivalents, and who have heavier than usual emotional overlays.

2. A medical component, including appropriate laboratory tests, should be included in the required prescriptive and/or written education program of this bill, i.e. neurological screening, EEG, endocrine (thyroid), hypoglycemia, nutritional studies (where indicated).

The questions are immediately asked: Should education be expected to pay for medical examinations? What are the possibilities of inter-agency cooperation? It is this latter question which raises the largest spector of failure.

In some areas, inter-agency cooperation has been effective, in most -- bogged down in red tape. If inter-agency problems cannot be solved and the *proper medical support* be obtained for the learning disability child, many programs funded by this bill will certainly fall short of expectations, just as, in the past, have many other Federally funded programs. The reasons for failure will be much the same.

Even worse than the *monetary waste of taxpayer's monies*, will be the renewed anger and frustration of parents and students who had dared to hope for some success. An additional burden will be the continuing public criticism of Federally funded special programs.

The medical profession has a clear cut oblication and responsibility here. They are aware of this. *Pediatric News* has published articles each month in the past year relating to learning disabled children. To quote a respected member of AMA, "As formerly serious childhood diseases are conquered by vaccines and drugs, the conscientious pediatrician has an obligation to treat the 'whole child' functions, and this includes his learning status." Most pediatricians are increasingly aware of this field, with the Kennedy Centers, Johns Hopkins, Massachusetts General, and UCLA among the institutions providing leadership. (Documented case studies and the names of knowledgeable pediatric neurologists and pediatricians are available to the Committe upon request.)

3. Far too many public school systems operate with regulations that continue to prevent medical and psychological referrals -- even where the need is overtly obvious. And yet, education alone bears the brunt of school failures.

4. Prescriptive profiles and teaching models are available today, immediately. Standardization, to the limits that are possible, could be of significant assistance here.

5. In-Service training in behavioral modification techniques can mean the difference between a smoothly functioning classroom and chaos, for both teacher and student alike.

6. Tracking along the same thought as Item 5, orientation programs for school principals and administrative personnel should assume a high priority. These persons are attempting to function in a void through lack of recognition of their vital role.

And, for those who would demur at the above statements, believing that funding should be primarily directed toward research, I would like to make a statement. If we could all return in the year 2073, we will most certainly be bemused at how much we *didn't* know today about the learning process, memory, and nervous system functioning. *Of course, further research is necessary.* But we *do* know enough *now* to be able to remediate significant numbers of today's failures. If we do not have the necessary dedication, then today's failures will also be tomorrow's.

In conclusion, I know that the learning disability children of this nation, and their families, express their deepest gratitude to Senator Williams and the other respected Committee members.

If they could speak here today, with their millions of voices, they would further acknowledge the venerable pediatric neurologist who announced to a conference of his peers that, "Learning Disatilities was indeed one problem that the 'tincture of time' would not cure."

With such recognition, and with yours, hopefully the following quote may soon be outdated:

> "These children are as handicapped by the ignorance surrounding their problem, as by the problem itself."

Respectfully submitted,
Frances K. McGlannan
(Mrs.) Frances K. McGlannan, parent

programs, materials and techniques

The first program reviewed this month in some detail is the Prescriptive Profile Procedure, developed as a Title IV B project in Miami, Florida. It is a useful model which other school districts would do well to examine thoroughly.

This is followed by a review of a publication which contains a welter of practical materials from the Ashlock Learning Center, and in a sense it follows on naturally from the Prescriptive Profile Procedure.

Next there is a section on large type editions of books. I have suggested that these novels might be used with advantage with older more advanced learning disability children to help them attain fluency in their reading. But of course, they should not be used exclusively.

Finally, there is a review on one of our own programs – a different approach to the physical development programs which have been so popular over the last two decades.

If you have any interesting and effective materials, programs or ideas you may wish to share send them to me addressed to Dr. Alex Bannatyne, Bannatyne Children's Learning Center, 6950 North Kendall Drive, Miami, Florida 33156.

PRESCRIPTIVE PROFILE PROCEDURE FOR CHILDREN WITH LEARNING DISABILITIES, *by Eleanor Levine, Carol Fineman, and Genevieve McGlannan Donlon. Available from Division of Instruction, Dade County Public Schools, Miami, Fla. (ESEA Title VI-B, P.L. 91230).*

Occasionally I receive comprehensive documents or programs which have been developed by local school districts to help their teachers of learning disabled children do a more effective job. This is one of the better ones. It is directed to the teacher who has to prescribe for disabled children: "As a teacher of children . . . Pupil, Process and Prescriber" (Introduction). The *Prescriptive Profile Procedure* (PPP) involves:

Pupil	**Prerequisite Skills**	**Basic School Subject Proficiency**	**Behavioral Factors**
Process	**Psycho-educational Diagnosis**	**Structured Program**	**Motivating Factors**
Prescriber	**Individualized Prescriptions**	**Curriculum Prescriptions**	**Individual Classroom Management Prescriptions**

The prerequisite skill assessment section involves a diagnostic evaluation using the following test battery: The Wechsler Intelligence

Edited by: Alex Bannatyne, Ph.D.

Test for Children (excluding Mazes), Illinois Test of Psycholinguistic Abilities, Detroit Tests of Learning Aptitude, Torrance Picture Completion Test, Sequin Form Board (Tactual Performance Test), The PPP Copying Test.

The test scores are plotted using a point system on Prerequisite Skill Worksheets and a basic summary profile is drawn up. The teacher is also provided with "subtest task demands for in-depth prescription and correlation with task demands in the basic school subjects."

A comprehensive glossary is at the beginning of the book (the best place for it). Next comes a flow chart describing each step of the procedure for the teacher. If possible the system goes into operation for a specific child at the beginning of any school year.

I am very impressed by the comprehensive nature of this book. The authors are to be congratulated for putting together in one work such an integrated variety of assessment, prescriptive systems, and teacher self-evaluations. I recommend it unhesitatingly to every school district as an excellent model to follow. Its implementation would change the face of the learning disability scene throughout this land.

PREREQUISITE SKILLS

The Prerequisite Skills Section contains one of the most extensive psycholinguistic, educational and skill analyses of the WISC and Detroit that I have yet seen. As a hypothetical task analysis it is excellent. However, I would also have liked to see some research or empirical foundation for some of the classifications (even though I agree most are self-evident).

Throughout the Prerequisite Skills Section, explanatory sample evaluations are given so the teacher can actually see the system applied in a specific case, this time, Johnny Doe. Good descriptions complete with illustrations as well as scoring criteria and instructions for the Torrance Picture Completion Test, the Sequin Form Board Tactual Performance Test and the PPP Copying Test.

Then there are 20 or so pages of tests and questions for the teacher so that he can evaluate his new knowledge of the WISC, Detroit, etc. and psycholinguistic areas.

ASSESSMENT AND DESCRIPTION

These self-evaluation tests are followed by Section II which presents a set of assessment tests for the basic school subjects.

Reading. The reading section uses the Durrell Analysis of Reading Difficulty because it also has subtests for assessing spelling and writing. A full analysis of the psycholinguistic and task demands of the subtests of the Durrell are set out in a large table similar to those previously laid out for the WISC and other psychoeducational tests. A sample Durrell record form is presented so teachers will have no difficulty understanding what is described in the text.

Then come the Tests of Decoding and Comprehension and the Learning Methods Test which assess the student's ability to learn new words under different sensory approaches. These receive the same thorough textual treatment. The Decoding Skills measures letter names and sounds, vocabulary, vowel sounds, consonant substitution, long vowel and special sounds, prefixes and suffixes, and syllabification. These in turn are broken down into initial and final positions, digraphs, diphthongs and vowels plus "r".

The PPP Reading Skills Hierarchy Profile analysis sheet, when completed, enables the teacher to select prescriptions best fitted to the child's needs. Specific deficits are explained in terms of the child's school performance. For example, "low cognition and associative memory" is described as "This child will fail to understand what he has read. He may parrot words from a book but have no comprehension to enable him to make inferences or conclusions." Full descriptions (in *task analysis* form) are given for each type of reading method together with advice that the teacher must decide carefully which to implement with a particular child. On this point, I would suggest that each of the methods complements the others and that except perhaps for the visual or whole word method, most children can benefit from a combination of psycholinguistic, multisensory, linguistic, phonics, and kinesthetic methods.

Certainly an emphasis will need to be placed on the deficit area but this does not mean other sensory-motor facets of the reading, writing, spelling and language complex should be eliminated, neglected or even downgraded. The authors also say kinesthetic methods (Fernald or Gillingham or Bannatyne) are time consuming, but when one considers the child learns to read, write and spell at a goodly pace all at the same time, the kinesthetic multisensory approach can be one of the most efficient skill builders.

Mathematics. Mathematics are also covered quite thoroughly. The Wide Range Achievement Test Arithmetic Level I is recommended along with the authors' own PPP Diagnostic Math Checklist. The section on prescriptive programing for arithmetic is extensive. Throughout, the authors imply that the teacher should use a child's strong psycholinguistic or multisensory areas to teach him the math he does not know. For example, Johnny's teacher noted he

> Had gaps in his math profile . . . . Using her knowledge about his auditory prerequisite deficits she knew she would have to teach him through a meaningful approach with emphasis on the structure of numbers by using the Visual Perception and Imagery Method. Mrs. Poppins decided to use the Stern system of teaching arithmetic to Johnny. She would allow him to use counters, rods and an abacus to develop his skill in arithmetic. She, herself would use arrows, colors and shapes to give him clues through his strong visual channel.

Here I must part company with the authors when they apply psycholinguistic principles to mathematics as if it were a language subject. The authors mention that Dewey, Piaget and Cuisenaire all recommend activity manipulation methods and I certainly agree. While some arithmetic may contain auditory-vocal elements at the simple rote skill level and certainly, instructing the child must involve auditory vocal directions and communication, there is considerable research evidence that mathematics is essentially a *visual manipulative* processing system. All efficient methods of teaching mathematics and arithmetic to children must therefore involve visual-manipulative techniques. Thus I would suggest the prescription quoted above is ideal for teaching all children math. They will learn best if they see the processes they are manipulating.

Writing. The authors begin with the excellent suggestion that the teacher obtain three samples—a "usual" sample, a "best" sample and a "fastest" sample. These, alongside the Durrell Handwriting Test should provide sufficient data to write prescriptions. To help the teacher in this, she can use the Diagnostic Handwriting Chart, drawn from the Pressey Chart for Diagnosis of Illegibilities in Handwriting. The teacher may also use the PPP Writing Checklist which is related to copying figures, letters, words, sentences, coordination, tracing, left-right, directionality, language ability, comprehension, spelling, and so forth. The task demands of handwriting and a developmental hierarchy of writing tasks are listed. Three diverse problem areas are discussed, namely dysfunctions of the language system, auditory or visual perceptual system, and the motor components of handwriting. Several methods of teaching writing are given, but once again I would suggest that the various facets of the techniques described are quite compatible and a comprehensive combined method might be best.

Spelling. This is recognized as an important part of the total language system and the authors correctly observe that the vast majority of poor readers are seriously deficient in spelling. The Durrell contains a spelling test and this is used together with their own PPP

What can be so special about a new reading test?

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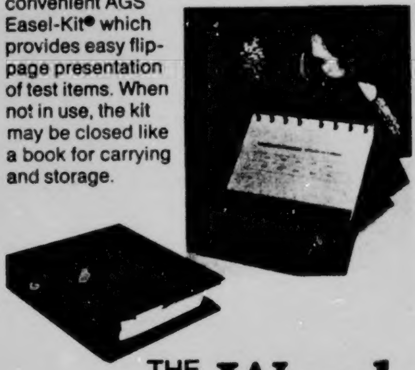

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Range: Kindergarten to Grade 12
Two Forms: A and B
Administration Time: 20 to 30 minutes
Author: Richard W. Woodcock, Ed.D.

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Spelling Error Analysis Chart, given in the book.

Equivalent prescriptions are written and these cover receptive, associative and expressive difficulties. The corresponding methods are visual, auditory, kinesthetic and integrative. In the sample prescription the authors state Johnny "lacks phonetic concepts, has few word-attack skills and is unable to sound out or blend the letters or the syllables of a word . . . he does not have the ability to reauditorize." The prescription states the teacher "knew Johnny needed a specialized approach using his areas of strength to teach him basic spelling skills. She decided to use the visual, look and spell method combined with the kinesthetic technique of tracing and copying letters in sequence to develop phonetic concepts."

I would suggest that until Johnny learns his phonics, sounding out, blending syllabication and other direct phoneme-to-grapheme word attack skills he will continue to find spelling a problem. In my research I have found little or no correlation of spelling with visual sequencing but a highly significant one with *sound blending* (Bannatyne and Wichiarajote, 1969). As a result of analyzing the spelling process I have concluded that in phonetic symbolic languages the phonemes individually "pull out" their corresponding graphemes through a process of auditory-vocal sequencing in which visual sequencing is relatively unimportant. Note that the visual identification of unit or single independent letter shapes *is* important (Bannatyne 1971, 1973).

A second teacher self-evaluation follows, this time in the basic school subjects just presented. It is thorough and contains good review material.

BEHAVIORAL FACTORS

Section III is concerned with Behavioral Factors. One behavior assessment used is the PPP Behavior Profile. The first part of this is a list of negative behaviors observable by the teacher. The behavioral setting is accounted for in a parallel list covering time, place, activities, methods, teaching and peer situations, etc.

The teacher observes her class for several weeks, carefully recording each child's behaviors on the PPP lists. How she can accomplish this in terms of her time is not explained in detail. I imagine it would be a full-time job for one person to observe accurately the behaviors of thirty children. Even a teacher of a small L.D. group of ten children, all on individual prescriptions, would find it almost impossible to observe and record the behaviors of her group with any consistent accuracy. School districts could supply suitably trained aides for L.D. and other teachers so that the aides can carry out accurate 30-minute sampling observations twice a day at differing clock times. Such an aide would have other useful duties in the classroom when not observing or handing out reinforcing points under the direction of the teacher.

A sample observation sheet is given in the book complete with columns for behavior codes, time of occurrence and the situation or setting. Only a half-page section is devoted to prescribing for the Behavior Profile. Perhaps it is left to the psychologist or counselors to do this, but this is not so indicated. The sample prescriptions for Johnny are mostly changes in the *types* of tasks Johnny has to do (eg. less auditory input and memory-oriented work) rather than modifying his behavior. The only mention of behavior shaping is in the last short paragraph in which the teacher "also felt she had to watch the difficulty and length of her assignments to Johnny and the way in which she handled positively reinforcing him for good work and constructively criticizing work which needed improvement." A few pages could profitably be added to give a synopsis of classroom behavior management using reinforcement techniques. Some references to behavior modification books for teachers also would be helpful.

The L-J Sociometric Test is recommended by the authors so that the teacher can assess the peer structure of her class. The administration of the test, transference of the sociometric data to a matrix table, the plotting of the class sociogram and the interpretation of the data are fully explained. The authors recommend the teacher work on individual social problems such as rejection and withdrawal but do not give specific methods.

The next section of the PPP Behavior Profile consists of a child Self-Appraisal Inventory which was developed during a previous Title III project. Three of the four areas covered by the more or less direct questions (such as "Can you wait your turn easily," and "Do the other children in the class think you are a good worker?") are family, peer and scholastic. A fourth general area is aimed at eliciting a more global estimate of self-esteem. Again a complete set of directions, scoring and evaluation procedures is given. But there, too, specific methods to bring about changes in children's attitudes and behaviors are not indicated.

The PPP Classroom Behavior Rating Scale is also suggested for use by the teacher three weeks after the beginning of the school year. Each specific behavior is rated on a five-point scale which is verbally defined. Some of the behaviors mentioned are: out-of-seat, talking out loud, aggressiveness, peer relationships, impulsivity, perseveration, frustration, passiveness, and motivation (reinforcement).

The last PPP personality assessment instrument is the PPP School Sentence Form. The children are asked to complete 20 sentences in writing or orally. The information gained can be separated into five areas including positive and negative motivations, feelings about peers and school topics, and the child's general self-concept. The Sentence Form is intended for use at intervals through the year to assess changes in attitudes and self concept. The prescriptive information is meager.

An extensive teacher Self-Evaluation for the Behavioral Factors area follows.

INTEGRATION

The final section of the book is given over to Prescription Integration which is intended to pull all the PPP information together. In fact it is a useful comprehensive set of summary tables on which the teacher can enter all the information obtained through testing and then plan prescriptions accordingly. This section also has its self-evaluation form.

Comment: My criticisms are important but they are more matters of detail which could easily be incorporated if the authors agreed with my viewpoints (and I am happy to discuss them). However, these details in no way mar the clarity with which a very extensive and complex area of knowledge and practice has been presented. With the addition of one or two tests, the standardization and validation of others, the extensive writing of the prescriptions (in fact the job of another county under the Title VI-B Project) especially in the area of behavior modification and class management, the *Prescriptive Profile Procedure* makes a tremendous addition to our work with learning disability children. I hope administrators will take a long hard look at it and then implement its contents in their own school systems.

Prescriptive Profile Procedure for Children with Learning Disabilities is available from Dorothy Ozburn or the authors. Address: Exceptional Child Education, Division of Instruction, Dade County Schools, 1410 NE 2nd Ave. (Room 104 A), Miami, Fla. 33132. The very modest charge covers only handling and production costs.

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EDUCATIONAL THERAPY MATERIALS FROM THE ASHLOCK LEARNING CENTER,

by Patrick Ashlock and Sister Marie Grant. Published by Charles C Thomas, 301-327 East Lawrence Ave. Springfield, Illinois. Handbook, $15.75; kit, $125; both, $135.

This handbook presents activities and techniques which have proved useful with learning disability children in the authors' learning center. Their aim is to diminish the discrepancy between a pupil's level of attainment and his academic potential. In the foreword, Dr. Beth Stevens states that the objectives are twofold namely, "(1) To supply measures with which to identify difficulties basic to academic deviances and (2) to provide educational therapy materials which can be adapted to meet individual needs."

The book provides the teacher with diagnostic tools and checklists to determine the child's level of functioning in a variety of academic areas and sensory-motor skills. It also is a help in selecting instructional materials and techniques best fitted (on the basis of the testing) for the remediation of the deficit areas. Where commercial materials are available these are listed. In areas where they are not available, materials developed at the Ashlock Center are presented. Success at each step is very important to a child and so step-by-step individualized methods are recommended.

The checklists and assessments contained in chapter 2 can be useful for feeding back information to parents on their child's performance. Chapters 3, 4, and 5 are each concerned with auditory skills. Wepman's Auditory Discrimination Test is recommended and the auditory discrimination activities are related to it. The auditory attention drills in Chapter 4 are the remedial counterparts of the appropriate two subtests in the Detroit Tests of Learning Aptitude. The activities involving unrelated words begin with two-word sequences and end with six randomly selected one syllable words. A second set of words (the aim of which is also to teach memory and attentional skills) uses related syllables to improve the auditory memory span. Chapter 5 is mostly devoted to the improvement of digit span memory. The child has zip codes, house numbers, street numbers, license plates, telephone numbers, etc. Word blending, oral (vocal) commissions, oral directions and other activities are also included.

Visual perception activities form the main content of chapters 6-9. "Since symbolic interpretation of the alphabet is basic to reading, tests in Chapter 6, which originate from Ashlock's Tests of Visual Perception afford experience in the visual perception of alphabet symbols." Chapter 7 extends symbol usage to color and texture contrast, incorporating visual, tactual, and kinesthetic experiences. Unique letter forms also receive attention. Chapter 8 is designed to improve visual attention skills based on the two relevant Detroit subtests. Words in a variety of prints and types are presented in Chapter 9 while Chapter 10 promotes word attack skills through phonics and structural analysis. Chapter 11 is devoted to review and speed drills in basic mathematical processes.

In the overview presented in the first chapter, the authors conclude that a multisensori-motor developmental approach is best – especially one matched to the child's deficits and competencies. Their philosophy suggests that considerable perceptual-motor skill learning at a prereading stage is necessary before reading, writing and spelling skills can be effeciently acquired. For example they say, "Before some children learn letters they should learn geometric shapes and numbers." For myself, I find the quickest way to teach – and this means any particular content – is to stay with the content and its elements. Even two-year-olds can learn phoneme/grapheme association as they trace the symbols in our Psycholinguistic Reading Program. Thus some basic strokes which make up our graphemes and numerals should be taught.

Materials can be purchased with an accompanying kit of actual materials which I have not seen. However, if it is as well thought out as the handbook, it should be worth the expense. The handbook and kit together provide the teacher of children with learning disabilities, mentally retarded or other special education teachers with a wide variety of useful auditory, vocal, visual and motor materials which are particularly valuable when working with small groups or on a one-to-one basis. Most of the exercises are language oriented, which in my opinion, is the best all-around way to teach learning disability children. Even if finances do not extend to the purchase of the materials kit, the book itself provides a rich source of exercises, especially in the all important areas of auditory vocal functioning. Teachers sometimes ask me where they can find the actual content of useful methods rather than just outlines or suggestions which they have to flesh out. Well, Educational Therapy Materials is packed with content – most of it directed at the memory training of essential language skills.

KEITH JENNISON LARGE EDITIONS. *Published by Keith Jennison Books/Franklin Watts Inc., 345 Third Avenue New York, N.Y. 10022. Prices mostly less than $10.00.*

Large type books have always held great interest for me as far as learning disability children are concerned. While I have no direct research evidence, my experience has been that almost all children with reading problems, who learn to overcome them do so that much more easily and rapidly if the print they are exposed to is large and legible.

In the research referred to in a previous section of this feature, *unit* letter configurations were seen as important in spelling – and presumably reading too. If this is so, then being able to see those letters clearly and rapidly will aid the not-so-good reader who may be frustrated by the figure-ground confusions of fine print.

For many years Keith Jennison Books have produced numerous book titles in large type editions and we have used them with success. The books are mostly popular stories and novels of past and present. Though not suitable for children reading below fourth grade level, they may be successfully used for those who are progressing well in fluency and vocabulary. Choose your titles carefully with an eye for difficulty of vocabulary and interest areas. Perhaps one day someone will publish a controlled linguistic series of readers by grade levels using colorful illustrations and large type. Even so your school librarian would do well to purchase several large type novels so you can use them with your L.D. children.

BODY IMAGE/ COMMUNICATION: A PSYCHOPHYSICAL DEVELOPMENT PROGRAM, *By Maryl and Alexander Bannatyne. Published by the Learning Systems Press, P.O. Box 909, Rantoul, Illinois 61866. Price $9.55 (358 pages)*

As it is a little unusual for authors to review their own work, I am presenting Body Image/ Communication: A Psychophysical Development Program as matter of factly as I can and leave it to the readers to judge its value for themselves. This program was devised by my wife Maryl Bannatyne almost entirely on her own six years ago. Maryl constructed the program herself, improved on it several times, carried out the research on its effectiveness and brought it all together in book form.

The Body Image/ Communication Program is a different approach to the psychophysical development of young normal children, the mentally retarded and learning disability children. It places a strong emphasis on the importance of communication through language which has been very much neglected in physical education programs.

Research into self-controlled voluntary movement demonstrates that it develops over a period of years from birth to approximately seven years of age in normal children and perhaps longer in the handicapped. Research also indicates that a child achieves coordinated mastery of sensory-motor actions through the gradual internalization in the child of verbal instructions originating from adults.

The instructions themselves pass through a series of stages as they are internalized for the eventual purpose of self-controlled voluntary action or the inhibition of action. "Internalization" simply means understanding, repeating and using verbal information, such as instructions, which initially come from other people. For example, when you learned to drive a car, you may have verbally repeated to yourself the driving instructor's sequence of instructions for various activities as you carried them out. Internalizing command systems is a special form of synchronized verbal-motor memorizing.

The following list summarizes the areas in which benefits may be received from following through the complete program:

Body image and body concept development
Sensory-motor control and physical development
Internalization of verbal instructions and the thought control of voluntary movement
Auditory sequencing memory (from memorizing the codes)
Left-right "lateralization" learning
Attention span control and concentration skills
Automatization of voluntary movement
Improved self-concept and sense of mastery
Awareness of space and movement in space.

The actual exercises in the Body Image/ Communication are similar to those used in

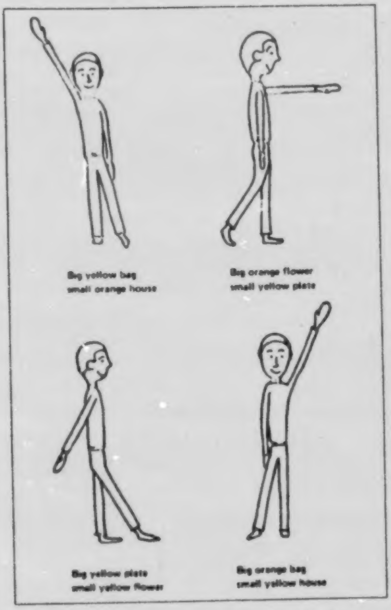

FIGURE 1. Standing Angels: two limbs at a time simultaneously, c-code level.

earlier systems such as Kephart, Getman and others. The program was originally designed for a youngster who lost movement and speech due to a serious accident and was in need of language and movement training. What is new is the *coding* of the limbs and movements using words, the frequent switching of these codes and the blindfolding of children – so forcing the use of kinesthetic and auditory-vocal memory channels even to an automatic level of functioning. Maryl used coding of sounds for the arms and legs – which led to words in the original program – and changed the coding to words for the experimental school program (see Figure 1 for an illustration).

The exercises, the codes and the instructions for teacher and children are set out in considerable detail. This programing includes a complete course in the Body Image/ Communication Program which is laid out in 30 weekly segments.

The book is fully illustrated and is intended for use with all kinds of children, especially those with learning disabilities. Physical education teachers will also find it useful as it presents a quite different approach to their subject compared with the traditional one. The resourceful teacher, once he or she has taken a group of children through the course, will find that the techniques can be applied to all kinds of physical education exercises and activities.

We have found the Body Image/ Communication Program to be most effective with somewhat uncoordinated learning disability children who also have auditory memory association and closure difficulties. Our pilot research indicated it is useful with most learning disability children. We will be glad to cooperate with others who wish to carry out research projects on the Body Image/ Communication Program. There should be several experimental groups, each of which should be as homogeneous as possible with respect to diagnostic profiles. (This is elementary research design but unfortunately, rarely done).

research of interest

Edited by: Frances McGlannan

Motivation – Preschool

Motivation Factor Scores and Response Set Scores for Ten Ethnic-Cultural Groups of Preschool Children

Methods of assessing achievement motivation among adolescents and older children have depended heavily on verbal abilities. Since young children not only lack the necessary verbal skills but also tend to withdraw in the testing situation, it is not surprising that no apparent attempts have been made to measure motivation to achieve among preschool children from a variety of cultural backgrounds. The test used in present study was designed specifically to measure motivation to achieve in young children. The objective-projective device, Gumpgookies (Adkins and Ballif), consists of 75 dichotomous items, yielding a total score and scores on factors interpreted as constituents of motivation to achieve in learning. Three additional scores related to response sets are also obtainable from the instrument.

The test centers around activities of imaginary figures called gumpgookies, depicted verbally and through illustrations as behaving in ways intended to show differences in motivation. Each item presents two gumpgookies. The child is told that he has his own gumpgookie, which behaves and feels as he does. The examiner points to each gumpgookie as it is described, and the child points to his choice. For example, the child might choose the gumpgookie that is working or the one that is watching an activity.

The subjects in the study were 1588 children, comprising 10 ethnic-cultural groups. The children ranged in age from 39 months to 76 months. The ethnic-cultural samples were composed of children from the following background: Catholic, Jewish, Puerto Rican, Negro (urban), White (rural), Hawaiian, Oriental (West coast), Mexican-American and American Indian. A reasonable assumption is that significant portions of the children in certain samples had been exposed to a language other than standard English.

For 129 Head Start children within an age range of about a year, the Gumpgookies test correlated .24 with Stanford-Binet IQ, .31 with the Caldwell Preschool Inventory, and .23 with the Psycholinguistic Age score of the Illinois Test of Psycholinguistic Abilities. These data are presented as evidence that the test is measuring something other than general intelligence, achievement, and linguistic ability.

The 10 ethnic-cultural groups differed substantially in total score on Gumpgookies. Not only were these differences statistically significant, but the percentage of variance accounted for by ethnic-cultural membership was large enough to be of practical significance as well. Boys and girls did not differ significantly, however, nor was there a significant interaction between sex and ethnic-cultural membership. The Mormons, Catholics and Jews had higher mean total scores than the Negro (urban), White (rural), and Puerto Rican samples. The three latter groups emerged with substantially higher mean scores than the remaining groups, the Mexican-American, Oriental (West coast), American Indian and Hawaiian samples.

Instrumental Activity. Only ethnic-cultural differences proved significant on the Instrumental Activity factor. Practical significance was low, however, with only 3 percent of the variance in scores being accounted for by ethnic-cultural membership. In a practical sense, then, the ethnic-cultural groups differed relatively little in their tendency to initiate and participate in specific activities likely to lead to success in school.

Nevertheless, relative standings of the groups may be of some interest. Although the Catholics, Jews, and Mormons had relatively higher scores than the majority of other samples, the Puerto Rican sample emerged with an average score second only to the Catholic group. As in the case of total score, the Negro (urban) and White (rural) samples were relatively higher than the American Indian, Hawaii, and Mexican-American samples.

School Enjoyment. A significant tendency emerged for girls to exhibit higher scores on School Enjoyment than boys. In general, the results support the conclusion that girls at this age, regardless of ethnic-cultural membership, enjoy school slightly more than do boys.

The ethnic-cultural groups also differed significantly on School Enjoyment, although the percentage of variance accounted for was not large. The relative standings of the groups on School Enjoyment do not allow any categorization on the basis of socioeconomic status, urban-rural dichotomy, or geographic region.

However, when boys and girls were combined for the present groups, the Negro (urban) sample exhibited higher mean School Enjoyment scores than either the Jewish or the Catholic samples. In fact, the mean score for the Catholic group ranked only sixth among the 10 groups. For the girls, the Mormon and Jewish samples exhibited the highest mean scores of all the groups; among the boys, the Mexican-American, Catholic, and Puerto Rican samples exhibited the lowest mean scores.

Self-Evaluation. For Self-Evaluation, only ethnic-cultural membership produced significant differences; there was no sex effect nor interaction. The percentage of variance in Self-Evaluation scores accounted for by ethnic-cultural membership was higher than that for either of the first two factors.

In terms of scores on this factor, the three samples, Mormons, Catholics and Jews, had the highest mean ability to evaluate their own performance, as well as the confidence that such an evaluation would be high. The Negro (urban) and White (rural) samples obtained higher scores than the Mexican-American, Oriental (West coast), American Indian, and Hawaii groups. In particular, the differences seperating the Negro sample from the four white samples (White rural , Mormon, Catholic, Jewish) are negligible, although on the average Negro girls scored lower than girls in the other four samples.

Purposive Behavior. Significant ethnic-cultutal differences emerged on the Purposive Behavior factor with approximately 5 percent of the variance in scores being accounted for by such differences. Although significant sex differences were not obtained, there is a slight tendency for boys to score higher than girls. The highest average scores on Purposive Behavior were obtained by Jewish boys and girls and by White (rural) and Oriental (West coast) boys. The Mexican-American and Negro (urban) children, as well as the Oriental (West coast) girls, obtained the lowest scores.

By Dorothy C. Adkins, Frank D. Payne and Bonnie L. Ballif.

American Education Research Journal, 1972, 9 (4), 567-569.

NOTE: In this study, the broad construct "motivation to achieve in preschool children" is succinctly dissected into manageable portions for the early childhood educator. It would seem that the majority of preschoolers from varied ethnic-cultural groups bring with them several well-developed capacities for motivation. Current programs consume much time in developing these areas i.e., adequate self-esteem, enjoyment of school and willingness to initiate and participate in activities likely to lead to school achievement. Actually, what appears to be most needed is training in *purposive behavior* – the teaching and organization of goal-directed activities, the initial sequencing of small steps toward concrete goals, and at a later date, future goals. Mexican-American and Hawaiian groups appear to require intense overall assistance. – F.M.

Prenatal - Birth Defects Prevention

Radiation Peril Greatest for 3rd-6th Week Fetus

Recent experiments with laboratory animals have confirmed the peril of radiation for the human fetus. The fetus is, in fact, most susceptible to radiation-induced congenital defects between the third and sixth weeks of development, before most organ systems have been fully differentiated and before most women would be certain of their pregnancy.

Results of these experiments were delineated by Roberts Rugh, Ph.D. Knowledgeable radiology departments are limiting pelvic examinations to the ten days immediately after the onset of the menstrual cycle with increasing frequency.

Laboratory animal experiments revealed that neuroblasts can be damaged by 25 rad, leukocytes can be damaged by 2 rad, and mutations can be caused by less than 1 rad.

It is impossible to achieve a reliable threshold of exposure above which anomaly production could be predicted because of hereditary differences in radiation resistance even between siblings. Also individual variation in organ system differentiation exists.

Congenital anomalies can be produced only before specific organ systems have been fully differentiated. By the 42nd day of human fetal development, most of the major organ systems except the nervous system have differentiated and are no longer subject to gross structural anomaly induction by radiations. The majority of congenital anomalies attributable to ionizing

Visual-Motor Deficits – Social Implications

Responses to Action Pictures of Two Groups of Mentally Retarded Subjects

In 1959, Dr. Lise Gellner theorized that children with visual-motor deficits have difficulty in interpreting seen movements. Dr. Gellner stated that children described as "visual-motor" deficient cannot imitate seen movements effectively due to damage to the system of the superior colliculi in the midbrain. Dr. Gellner's work was primarily directed toward gestures and body movements demonstrated by people. This current study by Bradley was focused on children's interpretation of actions displayed in colored pictures.

Bradley analyzed two groups of retarded children with mental ages ranging from 3-6 to 7-3. Of the 60 children in the study, 29 had a diagnosis of brain damage resulting from infection or perinatal trauma.

The subjects were divided into two groups paired on perceptual functioning in relation to visual-motor tasks. The groups were matched on chronological age, mental age, and IQ. A hundred and sixteen colored pictures illustrating a variety of actions, such as a girl jumping rope or a boy walking, were administered individually to all. The pictures varied in complexity from a boy simply sitting on a chair to involved actions such as a man being shot out of a cannon. The pictures were of varied colors and sizes, obtained primarily from magazines or children's reading sheets and workbooks.

As each picture was presented, the subjects were asked to tell about the picture and what the people were doing. Examples were given to the subjects prior to testing. As much time as seemed to be required was allowed. Total raw scores were used in the analysis of data.

Results showed that subjects with visual-motor perceptual disabilities scored significantly lower on the identification of colored action pictures than did those who had minimal visual-motor handicaps.

radiation exposure of the human embryo affect the nervous system. Transitional neuroblasts can be killed by only 25 rad. These are present from about the 19th day through the entire gestational period. Sublethal radiations may produce abnormal or malfunctioning neurons.

Laboratory animals X-irradiated in utero respond differentially even within a single litter, indicating an individual genetic resistance to anomaly production.

If the embryo survives radiation, it rejects and removes the necrotic cells by phagocytosis. A stunted fetus may develop from the remaining cells with a reduced numbers of the cells requisite for normal functions.

Instantaneous radiations may have long-term or delayed effects. The general sequence of structural impairment is from physical to chemical and then to biologic responses. Primary effects are on the lymphocytes, then on nuclei of blast-type cells, and sometimes on the metabolism of formed cells.

Pediatric News, 1973 7 (2) 8.

NOTE: Valuable addition to growing field of birth defect prevention. The simplicity of the implied mandate warrants recognition by interested parent groups. — F.M.

The responses of retardates and neurologically-impaired children to action pictures is a direct concern to the teacher, who is involved in numerous reading readiness activities. This may help explain the problem encountered by some teachers who find that certain children can learn to read before they can learn to complete the reading readiness activities successfully. Many of the readiness activities involve interpretation of action pictures, eye-hand coordination, and other visual-motor skills. The assumption that a reading readiness curriculum can be "watered down" but still apply to all moderately retarded and visual-motor impaired children may be questionable. The implication of these data in terms of difficulty and failure of certain popular reading readiness tasks for these children is clear.

By Betty Hunt Bradley.

Rehabilitation Literature (National Easter Seal Society for Crippled Children and Adults), December 1972, 33, (12), 362-363.

NOTE: The above study has relevance not only for the reading readiness teacher and the classroom instructor teaching from illustrations, but for the parent concerned with his L.D. child's daily living experiences. It has been observed that L.D. children "can't read people." This has usually been interpreted to mean misunderstanding of cues and innuendoes in verbal areas. However, Gellner and now Bradley have shown that a child with severe visual-motor perceptual impairment will also experience difficulty in interpreting gestures and movements. This area, popularly termed "body English," is receiving increasing attention today; the social implications are obvious.

Early Childhood

Learning and the Concept of Critical Periods in Infancy

The concept of critical periods in the development of behavior is not new either to biology or psychology. The origins of the idea are to be found in experimental embryology where the concept refers to time periods of maximum sensitivity or indifference to chemical forces acting on the cellular mass.

Freud's ideas about the origin of human neurosis relied heavily upon the importance of early childhood experiences and implied that certain periods or stages in the life of an infant are times of particular sensitivity. The concept of critical periods in behavioral development was emphasised by Lorenz (1935) in his work on the formation of primary social bonds in birds – the following and approach behaviors which he called "imprinting." McGraw (1946) argued that there was a critical period for the optimal learning of motor skills in the human infant. The all-embracing notion of educational readiness and stage-dependent theories of development, such as that elaborated by Piaget, are implicitly related to the critical period hypothesis. Relating as it does to the learning process, the idea of readiness differs very little from the hypothesis advanced by many working on imprinting.

Three principal kinds of critical period phenomena have been described in behavioral studies: optimal periods for learning, for infantile stimulation and for the formation of basic social relationships. Dealing first with the establishment of social relationships, there is now an extensive literature on imprinting. Levine and Otis report differential effects of pre- and post-weaning stimulation on adult resistance to deprivation. Dennenberg and co-workers (1968) found that the enhanced free-environment experience during

Reading - Predictive Factors

Factors Associated with Reading Failure: A Predictive Tasmanian Survey

A survey in northern Tasmanian schools was conducted by the School Medical Service in 1965 to determine which factors might prove predictive of reading failure. Additionally, the study was to evaluate certain factors appearing to be associated with reading failure. Due to the size of the territory involved and limited personnel, evaluation procedures were deliberately simplified.

In 1965, 1198 school entrants were examined. This number represents approximately 10 percent of the total number of school entrants examined by the School Medical Service in Tasmania. The children were all examined by one of the authors personally, to eliminate as much variability in clinical assessment as possible. Factors considered were sex, school, size of family, ordinal position in family, father's occupation, family history, clinical history and clinical examination.

A detailed clinical history was obtained from the parent, if present at the examination, or from the School Entrance Questionnaire previously completed by the parent.

A simplified clinical examination was carried out. Visual acuity was tested using Snellen's Test types and Landolt's Rings; possible squint and nystagmus were assessed by a cover test and observation of eye movements. Hearing was tested by audiometry in all those children old enough to cooperate.

Assessment of each child's speech was attempted. The examiner was not a trained speech therapist and therefore classification of speech defects was necessarily restricted to the following groups: normal, immature, defective consonants, lisping and stammer.

Hand, eye and foot laterality were assessed in each child and specific tests conducted by the medical officer.

The results of these examinations carried out in 1965 were recorded for each child at the time of examination. In the large majority of cases, only two specific factors in combination were used as predictive of failure; that is, any child in whom speech difthe second three weeks of life had a greater effect on learning than did the same experience during the first three weeks. Levine and Mullins (1966) have suggested that early experience may serve to set or "tune" the neuroendocrine system, so that later in the organism's life, the threshold and duration of emotional stress reactions are altered. There is evidence, too, of early stimulation having morphological and physiological consequences. Shapiro and Vukovich (1970) investigated the effects of a wide range of sensory stimulation on the development of cortical pyramidal synaptic loci in rat cells. Stimulation given 3-5 times per day was found to increase the number of dendritic spines measured at days 8and16. This effect of early afferent input on brain development may provide a neuroanatomical basis for the influence of early experience.

The importance of early experience in the development of behavior is amply documented by empirical research. This paper discusses learning in infancy and the critical period hypothesis as an explanation of behavioral development. The use of the term "sensitive period" rather than "critical period" is advocated and examples of such sensitive periods associated with quite different behavioral parameters are given.

By Kevin Connolly
Developmental Medicine and Child Neurology (Spastics International Medical Publications, London, England) December 1972, 14 (6), 706-14.

NOTE: Author defines, for the early childhood specialist, the importance of attention and research focusing on the *events* and *processes* occuring during the sensitive periods of development. This is in contrast to delineating only the temporal characteristics of developmental stages. – F.M.

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ficulties were associated with incomplete lateralization in handedness was considered to be at risk.

By 1970, a total of 1067 children remained in the survey. The reading ages of all were obtained by Schonell Word Recognition Test. A "failure" was arbitrarily determined as a child whose reading age was two years or more below his chronological age. A total of 144 (13 percent) of the students were classified as reading failures.

When sex was assessed against predicted risk it was found that of the 95 correctly predicted to fail, 71 (75%) were boys and 24 (25%) were girls.

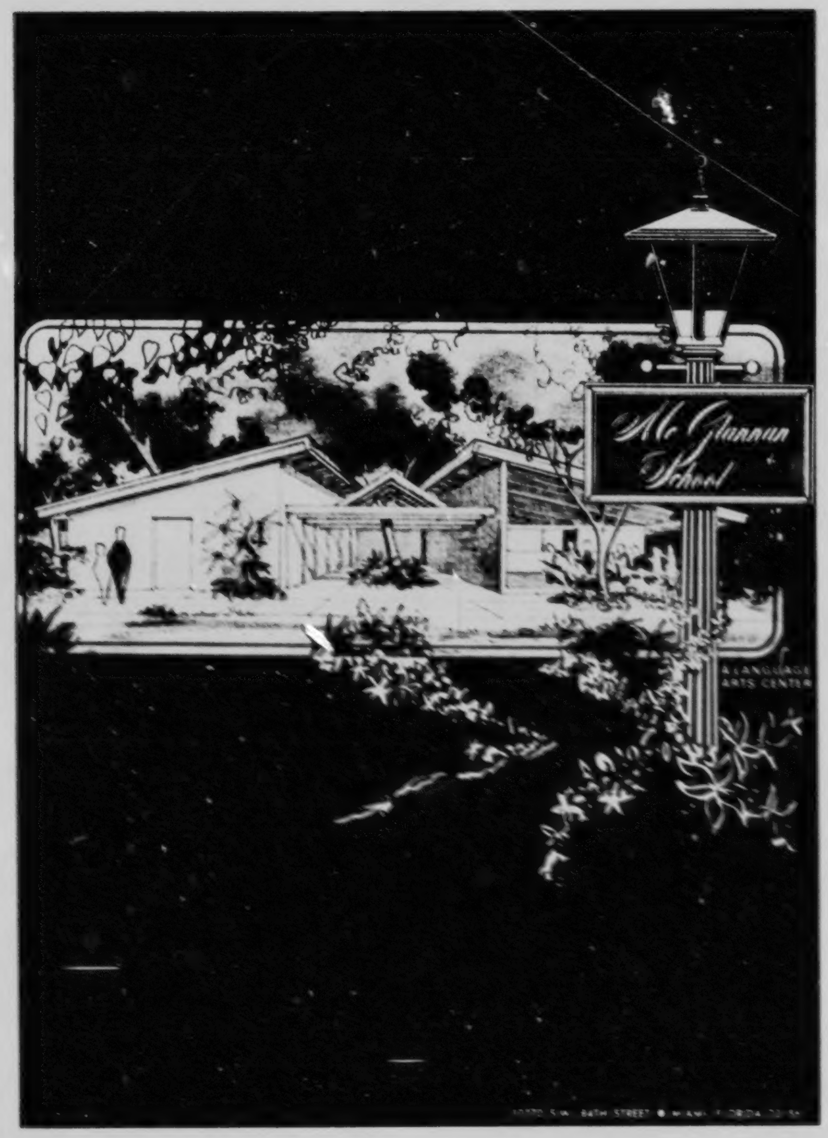
A highly significant association was found between defective speech and reading retardation. Of the failing group, 90 of 144 (63%) had speech defects as opposed to 5 of 132 (3%) of the advanced readers. ($p < .001$). There was a high incidence of speech defect associated with left-handedness and ambidexterity in this age group.

In this Tasmanian survey, ambidextevity was a significant predictive factor in school failure. If a family history of right/left confusion or left-handedness had been included as a predictor, the accuracy of prediction would have been increased.

The association of a positive family history lends some weight to the suggestion of a genetic basis in certain types of specific language disability, as suggested by Critchley and others. In this survey no attempt was made to distinguish various types of reading retardation.

By J. E. Farrar and J. Leigh
Social Science and Medicine (Pergamon Press, Great Britain), 1972, 6, 241-251.

NOTE: The persistence of immature or defective speech at the time of school entrance warrants continuing attention. The seemingly minor deficit of immature speech proved a valuable predictor of future reading disability in this Tasmanian survey, possibly mirroring underlying auditory perception deficits. – F.M.


McGlannan School
A LANGUAGE ARTS CENTER
[illegible] S.W. 84TH STREET • MIAMI, FLORIDA [illegible]

HISTORY:

Birthweight	7 lbs. 8 oz
Vision	Normal
Hearing	Normal
Walked	at 11 months
First Words	at 14 months
Serious Illnesses	None

This is Susie . . .
She's seven,
charming and intelligent.
She loves white kittens,
jellybeans and music.
She hates boys,
frogs and studying.

**SHE IS LEARNING
TO READ . . . .**

McGlannan School
A LANGUAGE ARTS CENTER
FRANCES K. McGLANNAN
Director

Dear friends:

I have often been asked why the McGlannan School was established as a clinical facility for dyslexic children. Was there really a need for such a school? In 1964, the answer was yes. In 1970, the answer is still yes — and the parents who have over the years brought their children to us for help would, I believe, add their 'yes' to mine.

To answer questions about the progression of events which led to the founding of the school; and to give an overview of the problems of dyslexia; we have gathered the enclosed material for you.

We appreciate your concern for the dyslexic child, and your interest in the McGlannan School. Hopefully, we have answered many of your questions with this presentation.

Sincerely,

Frances K. McGlannan
Frances K. McGlannan
Director

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The realization that an intelligent child, in spite of great teaching effort, was not *able* to learn to read and spell was first brought home to me in 1955. It seemed too incredible to accept the concept of an unsuspected physiological disability which could handicap a child's performance in the classroom to such a degree that it caused almost total academic failure.

Dyslexia, which comes under the major diagnostic category of a Specific Language or Learning Disability, is confusing because it spans three disciplines, with its symptoms evidenced to only one – pedagogy. Its underlying cause is medical; its diagnosis is dependent upon the field of psychology; while educators bear the responsibility for its alleviation.

The enormity of the numbers involved, coupled with the complexities of the problem has served as a disguise while impeding its recognition at the local and national level.

The implications for the dyslexic child's rejection and defeat in our social/educational structure are obvious – and it is a cruel predicament.

Our community has been fortunate for two decades. We have had a University with a strong reading program at the graduate level. It was to this program, in 1955, that I turned for information about dyslexia, first as a graduate student then as a reading clinician. The University's program gave impetus to years of exploring the clinical literature and researching neurophysiological teaching techniques.

Slowly, a new way of life came to me – taking action to help mitigate the problems of these children.

While I worked and studied, persistent thoughts kept intruding . . .

If we can teach the blind to read and the deaf to speak, there must be clues here that would enable us to aid the dyslexic child. There must be techniques that would penetrate the impaired visual and auditory perceptions of dyslexia. There just had to be a more orderly way to present the conflicting sounds and rules of our irregular English language – until reading skills are firmly established. And, above all, there had to be a way to protect these intelligent, sensitive children from repeated classroom failure and lack of parental/teacher understanding – the results of which can be a personality crippling emotional overlay.

As my work and study progressed, clarity of thought and planning seemed to come. What was needed, as an optimum approach, was a multi-level environmental and curricular program designed for this specific handicap – while bearing in mind at all times the overwhelming numbers of children involved.

If the dyslexic child were removed, for at least two years, from the defeating environment of the regular classroom, he would have time to heal his emotional wounds.

If the dyslexic child could be required to perform in each academic subject not at grade level, but rather at his capability level, it would be a logical beginning.

If the dyslexic child, as part of his regularly scheduled curricula, could have an individual tutoring period ***each day*** with a highly skilled clinician – "his" clinician – who would probe individual strengths and weaknesses, then his specific needs could be met.

And, finally, if the dyslexic child could be taught the standard classroom subjects, math, social studies and science, with these same multi-sensory tutorial techniques ***adapted*** for group teaching, progress towards academic achievement would be optimum.

The establishment of the McGlannan School in 1964 was the fulfillment of these years of study, planning and hope.

Today, a highly trained and dedicated staff continues to seek results for our students by the active implementation of a total academic/environmental program for the dyslexic child. Our reward is the success evidenced by our graduates who are achieving academically in school and continuing to surmount the enervating difficulties a dyslexic child faces daily.

By 1967, we were assured of the viability of our program. But we teachers had learned some lessons too, some hard, some surprising, and some requiring new learning on our part coupled with massive personal and financial effort. The very nature of our work caused an unforeseen public and professional ground swell.

There were, are, and will continue to be so many disabled youngsters that no single school could attempt to help more than a tiny fraction of them all. And, since the McGlannan School was one of the first specialized facilities with positive results, we found ourselves inundated with national and international publicity. One article alone (Saturday Review, April 16, 1966) prompted over 15,000 letters and nearly 1,000 telephone calls and telegrams seeking information on dyslexia. As a result, disseminination of information became a major part of our work. These thousands of inquiries, and many more that followed, have been answered with a packet of information designed to answer questions not only about the school but the scope of dyslexia as well.

Professional visitations and consultations from both the U.S. and abroad have been made to observe our work. Our teaching slides are in constant use at workshops and lectures in every major area of the country. An extensive library on dyslexia has been established, cross-referenced by subject and profession. Ralph Renick's ***"For Your Information"*** documentary on dyslexia, which was filmed at our school and the University of Miami, is widely circulated.

We also learned something else during the years between 1964 and 1967. Parents consistently asked two questions of professionals – "What is dyslexia?" "Why my child?"

It is an anguished cry!

The original medical research on dyslexia was done in Europe. Americans pioneered the clinical teaching techniques, but European research confirmed a familial pattern to the handicap.

I went to Europe and it was not a fruitless search. Let me explain . . .

The student population of the McGlannan School consists of three types of children: the genetic dyslexic, uncomplicated by extraneous factors; the complex dyslexic; and a small group who do not manifest the accepted criteria for dyslexia.

We realized that never before in pedagogical history had such a large, clinically controlled research sample been gathered. It would be sheer negligence not to proceed with a strong research program that would go beyond the realm of our past investigations into the areas of teaching techniques, environmental control, and curricular planning.

A three generation pilot study was initiated. The results of this study were published in a paper for analysis and critique by the international professional community (Journal of Learning Disabilities, Vol. 1, No. 3).

From the results of this pilot study, Project Genotype was born. Project Genotype is designed to scan widely for the familial clues of dyslexia. The data received will then be computerized for the eventual development of a data bank of information on the hereditary aspects of the handicap. Other professional groups are planning to replicate the project in order to add their findings to the data bank.

Other more detailed research projects have been generated from Project Genotype . . .

Bio-chemical projects at the Medical Schools of the University of Miami and Duke Universtiy; a behavioral research project with the Fels Institute; and in early 1970, an investigation with the University of Alabama in the area of memory research has been scheduled.

The McGlannan School serves as the Cooperating Agency for these projects with our student population as subjects.

For those who might question these additional burdens being placed on the staff and the children of the school, let me reassure you . . .

For the staff, the work is an ongoing and vital factor in their devotion to the children who suffer this disability.

The parents, and families, want nothing more than to have the medical riddle solved. For we can and do remediate, but we do not cure or prevent.

It is only through medical research that we will be able to safeguard our future generations.

Saturday Review

April 16, 1966 35¢

Teaching the Dyslexic Child: "New Hope for Non-readers." (See Education.)

EDUCATION

ARE INTELLIGENCE TESTS UNFAIR? By Paul Woodring

SPRING BOOK NUMBER

TEACHING THE DYSLEXIC CHILD

New Hope for Non-Readers

The type-reader method reinforces word pattern skills. Children use carefully designed drills with color-coded keys and fingernails. No knowledge of typing is necessary.

Every school has its quota of "lazy, immature, uncooperative, trouble-making" students who refuse to learn. Many of them are of average or superior intelligence, but for some inexplicable reason they seem to display a willful resistance to efforts to teach them. It appears that they simply don't want to learn. Yet for most this is not the case—they want desperately to learn, but they can't. Through no fault of their own, they have never been able to learn to read. These bright children are suffering from a neurological disability—known to medical science as Specific Dyslexia—which makes it impossible for them to perceive and/or record accurately the symbols of the printed page. With proper help they can overcome their disability and learn how to lead normal, productive lives. But, to date, very little has been done, nationwide, to translate medical knowledge of dyslexia into classroom practice. In the following article the special assistant to the director of the McGlannan School for dyslexics in Miami, Florida, and SR's associate education editor tell the story of education's stake in this little known barrier to learning.

By CARETH ELLINGSON and
JAMES CASS

IN MODERN SOCIETY, dependent as it is on the printed word, those who cannot read are cut off irrevocably from most of the normal channels of learning and communication. Our lives are dominated by instructions, directional signs, and the many sources of information and pleasure—all written—that provide the key to the complexities of modern living. The non-reader finds it impossible to function in this world, either personally or professionally, except at a very elementary level.

Firm figures on the number of children in the country who encounter serious difficulty in learning to read are hard to come by. The experts differ in their estimates—not least because they are sometimes focusing on slightly different groups of children. For instance, Dr. Richard L. Carner, director of the University of Miami Reading Clinic, estimates conservatively that "20 per cent of all children of normal intelligence or above suffer from reading difficulties severe enough to impede learning substantially." Some estimates run much higher. Dr. Katrina de Hirch, director of the Pediatric Language Disorder Clinic at the Columbia-Presbyterian Medical Center in New York, on the other hand, has written that "most people agree that from 10 to 14 per cent of all school children ... have difficulties in mastering the printed word."

Estimates of the number of children who suffer from dyslexia—or "specific language disability" (SLD), as it is often called—vary even more. However, a widely quoted estimate of 10 per cent of all children of normal intelligence or above appears to be safely conservative. And for about two-thirds of these children—an estimated 2,000,000 to 3,000,000—the disability ranges from moderate to very severe.

But the *exact* figures are not important. What *is* important is the fact that large numbers of intellectually able children are barred from living normal lives by a remediable disability that makes it impossible for them to learn.

Medical knowledge of dyslexia dates back to the late nineteenth century when the term "word blindness" was first used to describe individuals with normal sight who, nevertheless, were unable to read words or even letters. Since that time a great many studies have identified aspects of the disorder more exactly, but its specific cause remains elusive. Considerable confusion has persisted, too, in the definition and use of the term dyslexia. Some authorities have included within its meaning various kinds of minimal brain damage, and other neurological and developmental disorders. But in 1961, the Johns Hopkins Conference on Dyslexia defined the term as a genetic, neurological dysfunction, uncomplicated by other factors. (It is this latter definition that is assumed here.)

Despite the advance in medical knowledge in recent years, however, little awareness of the problem has penetrated the world of classroom education, and most children suffering from dyslexia have received little or no help. The resulting cost in human waste and suffering has been high.

Consider the child. During his early years he is an average, healthy, happy human being. He has seemingly developed normally, and often displays above-average intelligence. Then he enters school. Suddenly he is faced with an environment in which learning to perceive written symbols has become his most important task. It rapidly becomes clear to him that success, both now and in the future, is dependent upon this one complicated—and for him, impossible—skill. The circuits in his personal computer, for some reason, don't receive and process the symbolic data channelled to them from his eyes and ears with the accuracy and consistency of his fellows. He is lost. While the other children are gradually "learning their letters" and one by one are taking off on the high road to learning, he is mired on the low road—going nowhere. What has happened?

No one knows exactly why the dyslexic child is unable to perceive the world of symbols through his senses and record what he sees and hears without distortion. But there is general agreement on the various forms that this distortion may take.

It is common, for instance, for the dyslexic child to have imperfect directional sense—to confuse left and right and up and down. As a result he is likely to reverse letters and words, or syllables within words: "b" becomes "d," "p" becomes "q," "saw" may be written as "was," "left" as "felt," "on" as "no," and "sorrow" as "sowro," and numbers may be similarly reversed with "42" substituted for "24." Up and down confusion leads him to write "M" for "W," and "d" for "p." All children, up to about age six, have difficulties of this kind, but the dyslexic child's reversals are far more numerous and persist much longer.

The perceptually impaired child is likely to have difficulty in seeing a word or a complex form as a whole—his attention is attracted by details and he fails to see their relationship to the whole. He may also have trouble in differentiating a figure from its background—he has to work consciously to identify the figure or word that he is supposed to see, as other children hunt for the hidden figures in a visual puzzle that conceals figures in masses of foliage. Many times he also has difficulty in recognizing the same word or object when it appears in a different context, or in a different size or color. "When," for instance, is the same word whether it appears alone on a flash card or as one of several hundred words on a printed page; it is the same whether it is printed in six-point type or in three-inch letters, whether it is printed in black or yellow or red. But for the child with specific language disability, it may be recognized easily in one context or form or color, but appear totally strange in another. He lives, therefore, in an unreliable world in which he is constantly deceived by his senses as the symbols he is required to master elude him.

The dyslexic child's auditory perception, also, is almost certain to be imperfect and to result in similar distortions. In spite of normal hearing he is likely to have difficulty in distinguishing between close gradations of sound and he may scramble even the simplest messages. He may be able to pronounce the sounds of *p*, *a*, and *t* in "pat," but when he blends them together, they come out "tap." If he is asked to write the sentence, "The first bat in the pile is broken," for instance, it is likely to come out, "The frist tab in the pill is brokn."

There are, of course, many other manifestations of the SLD child's problem that are apparent to the trained observer, but there are also simple clues to the condition that can be identified easily by the parent or teacher. Very often, for example, the first hint of any disability appears when reading instruction starts in school. Although up to that time his progress has appeared perfectly normal, suddenly he is in trouble. His performance in reading does not match that in other areas of learning, nor does it come up to expectations based on intelligence tests that do not require reading. He is likely also to be experiencing difficulty in other language areas such as spelling and writing.

His family history may also provide clues since many specific dyslexics come from families in which left-handedness or ambidexterity is common. He himself may display no clear preference for the right or the left hand. And in many cases other members of the family also have a history of language difficulties. Interestingly enough, an unusually high number of cases are children of eminent surgeons whose ambidexterity has added a crucial dimension to their surgical skill.

Perhaps the most difficult cases to identify, however, are those of exceptionally bright children who are suffering from only a mild disability. Despite the fact that their academic progress is substantially impeded, the problem is concealed by their capacity to achieve despite the disability.

But the problem of the dyslexic child is not one that affects only the child—his family and teachers are almost equally involved. To be sure, the emotional disorganization that such a child faces is almost overwhelming. He is confronted with parents, teachers, and friends, in fact, a whole world that seems to feel that he is deliberately malingering. Because of his demonstrated intelligence, his teachers do not understand why he will not learn, and wonder where they have failed. His parents, too, wonder what they have done that should make him seem to want to misbehave. And his friends do not understand his apparent unhappiness with life—a state of mind that, at times, manifests itself in extremely aggressive behavior.

Look at the problem from a child's vantage point. Danny, age nine, in excellent physical health, with a high average I.Q., is one of four children. After three years in public school his world was in ruins. During the first two grades he was always behind in his class work, at the bottom of his reading group. By the third grade he began to feel that it wasn't even worth trying any more. Danny's parents tried to be understanding and helpful, but his increasing irritability and his emotional outbursts over minor incidents, his growing rejection of parental control, and his continued lack of academic progress, triggered problems within the family circle. The family began to function *around* Danny, avoiding whenever possible a direct confrontation with him. But this line of action was not the answer, it just confirmed Danny's opinion of himself as unloved, stupid—a failure.

One day Danny and his mother were shopping in the downtown area of their community, with which he was not familiar, when they become separated. Danny wandered about for more than two hours, becoming more and more confused and frightened. Finally, he was found by a policeman. But even when found, he could not give his correct address or telephone number—he kept reversing the digits—and he could not write the information for the police. Nor did he particularly want to. He had decided that his mother had lost him deliberately because she no longer wanted him around. The police had to wait for Danny's mother to appear.

That evening Danny's parents decided that he should go to a psychologist for help with his "emotional problems." In many ways it was a relief to his parents when the psychologist, after extensive testing, diagnosed his problem as specific dyslexia, with an emotional overlay which he was sure would completely disappear if the child received the proper, specialized scholastic help his condition required.

Crucial Next Step

THE CRIPPLING GAP between the findings of medical and educational research and the practical application of this knowledge in the classroom derives, at least in part, from the fact that three separate disciplines are involved. Identification of the cause and the eventual prevention of specific dyslexia is the responsibility of the medical profession; the development of more exact methods of diagnosis falls in the field of psychology; and increasingly effective, practical remedies must be found in the area of education.

The problem is also international in scope. Dr. Knud Hermann and the famed Ordblind Institute in Copenhagen, for instance, have long pioneered in the genetic aspect of SLD. A number of eminent researchers in England and the U.S. have, for a number of years, been probing various aspects of the problem. And more recently the Neurological Institute of Moscow has been exploring promising avenues of research.

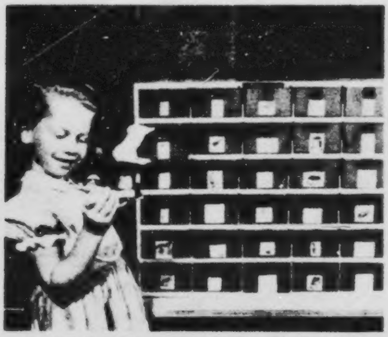
A growing number of authorities in the field, therefore, believe that the need is now urgent for an international, inter-disciplinary conference to coordinate developments in the field since the 1961 Johns Hopkins Conference on dyslexia. Such a conference, they feel, will focus professional interest on current knowledge and pave the way for more rapid progress in the immediate future. A conference of this kind would also, they believe, help to dramatize, for both the profession and the public, the urgent necessity for more effective diagnosis and treatment in local communities where the children are.

How Dyslexic Children Learn

The child with specific dyslexia cannot trust his visual and auditory senses to report and record accurately the symbols of the printed page. Therefore, other senses must be brought to bear in the learning process to supplement sight and hearing. The pictures on these two pages illustrate a few of the many ways in which the sense of touch and the muscular involvement of the child help him to learn to "see" and to know the letters and words that are so necessary to his full development. The pictures were taken at the McGlannan School, a Language Arts Center, 5950 North Kendall Drive, Miami, Florida by Bob East.

The alphabet is simply a series of geometric shapes of varying degrees of complexity. Learning, therefore, starts with simple, easily identified forms. Templates of these geometric figures enable the child to feel, associate, match, and combine the different shapes as she traces, cuts out, colors, and pastes these forms in different combinations. More complex shapes follow.

Initial contact with the alphabet comes with cut-out letters. The letters themselves can be handled by the child, and the groove in the template is carefully designed to fit the child's finger as she traces. (Maximum impact on the memory is made when the eyes are closed.) At a later date the letters are used to match symbols on a printed page and are combined to form words.



The Alpha-Sound Box contains a drawer for each letter of the alphabet, and the four digraphs—ch, sh, th, and wh. Each drawer contains familiar, miniature objects whose names contain initial sounds that match with the sound of the picture on the front. Identifying the drawer representing a given sound, and associating with the sound the objects the drawer contains, hasten recognition and strengthen the memory. The children soon begin to "slide" the sounds together to form words.

Letters that are spatially confusing for children with poor up-and-down or left-and-right directional sense—m, w, n, and u, for instance—are mastered through repeated tracing, coloring and cut-outs. Rolling and shaping letters of clay is also helpful. The color, depth, and texture of the clay make for visually vivid forms that can be identified easily against their backgrounds.

As the child develops, the association of symbol and sound becomes increasingly important and he is less dependent on the sense of touch. Pipe cleaner letters, pasted on colored cardboard squares, provide a refined approach. They are particularly effective when students trace letters with closed eyes and repeat the sound of the letter at the same time.

After the child has begun to read, he is even less dependent upon the supplementary aids to learning, but he continues to form new words with pipe cleaner letters. Daily drills with vowel sounds and word patterns remain necessary and are made more effective through the continued use of the sense of touch.

At a later date the child is ready for still further reduction in his dependence on the "feel" of letters, but muscular involvement in learning continues to be important. Cut-out cardboard letters in bright colors form vivid word patterns as they are placed in proper sequence—and prompt corrections can be made when a wrong letter is chosen.

Danny is one of the lucky ones. Today, two years later, he is a bright-eyed, carefree boy who is achieving in school, is secure in his family's love, and is ready to compete with other boys of his age. His parents are aware that with each new phase of his development they will have new problems to face (to date there is no *cure* for dyslexia). For example, when Danny is old enough to drive a car, he will need special help with directional problems—to make sure that he won't turn left when he should turn right. But these are solvable problems. Danny has it made.

Hundreds of thousands of other Dannys don't. Yet the prospect for them is brighter than ever before. A substantial body of medical and educational research already exists on dyslexia, and a number of well-known medical scholars, both in the U.S. and in Europe, are actively exploring the problem. A limited number of reading clinics, such as Dr. Carner's at the University of Miami, have the knowledge and facilities to work with dyslexic children, and we may hope that their number will increase.

But most hopeful, perhaps, is the work being carried on at the McGlannan School, a small research language arts center in Miami. With an enrollment of sixty-five and a staff of twenty, the school is dedicated to the unusual objective of putting itself out of business. Its purpose is to develop methods of identifying and teaching the dyslexic child that can be taken over by the public schools.

THE school's founder and director, Frances K. McGlannan, became interested in dyslexia while doing graduate work in the field of clinical reading. During seven years of teaching and research she became convinced that reading clinics, despite their excellent work with dyslexic children, were limited by the clinical necessity of teaching on a tutorial, or one-to-one, basis. A successful effort to help an estimated 2,000,000 to 3,000,000 school-age children, she decided, would require the development of methods and techniques that could be employed in regular classrooms by trained classroom teachers. The McGlannan School is the result.

Today, the school, in its second year of operation, offers a full, ungraded curriculum for grades one through six, and works with a carefully selected "pure sample" of children with genetic language disability. It is a teeming center of ordered chaos, boasting a well appointed clinic, an extensive testing program, a pilot teacher-training project, and an exciting atmosphere of constant experiment and discovery. Once the requirements of the students are met, primary efforts are directed toward practical research into improved techniques. Typical of its many efforts in this direction is a project in which statistically paired students are being given different kinds of training in areas of perceptual constancy and horizontal spatial relations to determine which exercises have the most carry-over value to the printed page. And in another area, the staff, working with the school psychometrist, Mrs. Isabel Wills, is correlating statistics from professionally administered psychological tests with classroom testing that may be performed by a trained teacher in order to develop a screening instrument for identifying dyslexic children.

Early identification of a child's disability is the key to effective treatment. Delay in diagnosis increases the problems enormously. Frequently the first grader with the neurological development of a four-year-old is forced into the same classroom mold as his classmates with the advanced perceptual skills of seven-year-olds. The large numbers of children troubled with SLD fall into this category.

The McGlannan School's basic approach to teaching a dyslexic child does not differ materially from that employed generally by reading clinics and specialists in this country and abroad. Where the school does differ is in its successful effort to carry over into group teaching tested clinical methods by which children are taught individually, thus accomplishing in a classroom what has previously been achieved only in tutoring sessions. This requires detailed interpretation of the test patterns of each child's learning strengths and weakness, which, in turn, determines the specific teaching methods to be employed and the way in which students are grouped in the classroom.

Another contribution is its continuing staff effort to refine these techniques and to develop specific adaptations of them to "unlock" the special problems of individual children. Mrs. McGlannan's clinical assistants, Mrs. Clara Leonard and Mrs. Norma Banas, classify and edit these special methods so that they are available to the entire staff immediately.

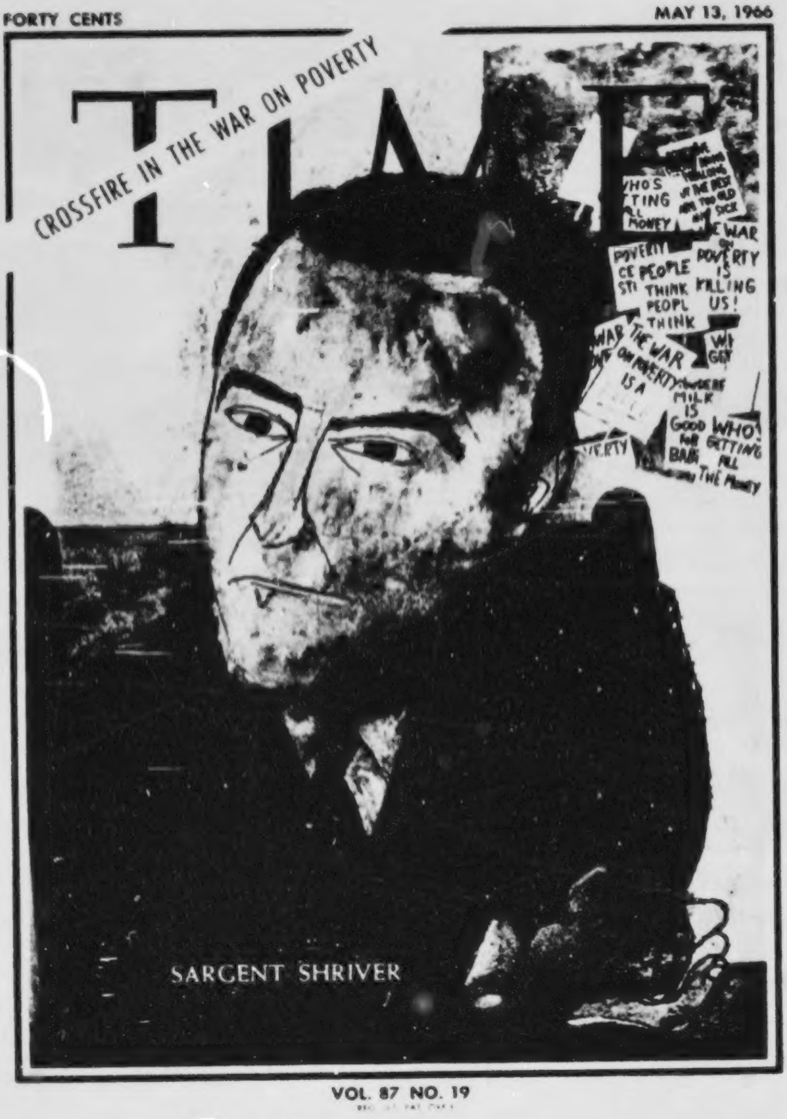
Learning in the schools is usually approached through the eyes and the ears—the visual and auditory senses. But since the dyslexic child cannot receive symbolic data through these senses without distortion, they must be supplemented by other channels of communication. For him, then, touch and movement—the tactile-kinesthetic avenue to learning—add a "third dimension" to the teaching-learning process. He becomes increasingly familiar with the symbols that he finds so elusive visually through a wide range of activities that allow him to feel them, trace them, arrange them in various sequences, and associate their shape and sound with familiar objects. Starting with simple geometric forms and directionality training, he gradually works through to the letters of the alphabet, and finally to complete words. In this process, his whole being has become involved.

The same approach proves useful in the later grades. Social studies is built upon time lines and sequences that cannot be "seen" and upon geographic locations that are lines on a map. When a dyslexic child looks at a map of the continents, it may appear to him to be a mere collection of symbolic designs. "Looking," therefore, does not necessarily mean that the child "sees" that Africa is larger than Australia, or that England has a jagged coast line while Florida's is smooth. But if he traces the continents, colors them, cuts them out, and then pastes them in proper position on a styrofoam globe, he *is able* to see them and their relationship to each other.

THERE is, obviously, no real barrier to teaching a dyslexic child. The basic prerequisite is a teacher with knowledge of the problem and its treatment, patience, and ingenuity in adapting techniques to the individual child. A second necessity is parents who understand the problem and are willing to learn along with the child. A third, and most important, is early identification. Given these three necessities, a year or two of intensive treatment—depending upon the severity of the disability—will prepare most children to enter regular school classrooms. But these children will continue to need special help and understanding from their families and teachers.

What, then, are the chances for the hundreds of thousands of boys and girls whose disability has not been discovered? Today, though better than ever before, they are far from encouraging. A very few public schools are attempting to help dyslexics—along with other nonreaders—in their remedial programs. A limited number of university-based reading clinics are equipped to identify and treat the problem. Yet even in these cases the child is likely to spend an hour in the afternoon being tutored at a clinic—after spending a frustrating five or six hours in a classroom where there is little or no understanding of his problem.

Yet it need not be so. The knowledge that is necessary to institute full-scale programs for dyslexics in the schools is already available. When asked whether the clinical teaching techniques could be introduced into a public school system, Mrs. McGlannan said, "With properly trained personnel in each school, it could be done virtually overnight. But until the public and the profession understand the human cost of failure to act, the future holds little promise for these children. They will continue to be as handicapped by the public and professional ignorance surrounding their problem as they are by the problem itself."



FORTY CENTS

MAY 13, 1966

TIME

CROSSFIRE IN THE WAR ON POVERTY

SARGENT SHRIVER

VOL. 87 NO. 19

WHOS GETTING ALL MONEY
THE WAR ON POVERTY IS KILLING US!
POVERTY PEOPLE THINK PEOPL THINK
THE WAR ON POVERTY IS A
WHERE MILK IS GOOD FOR BABY
WHO'S GETTING ALL THE MONEY

3

Reading

Some Johnnies Just Can't

MRS. McGLANNAN & PUPILS
When first becomes frist.

When Johnny can't read—and 15% of the 36 million U.S. elementary-school children are at least two years behind in reading capability—Johnny's parents usually blame the teachers or their techniques. Teachers often snap back that Johnny just won't try. In perhaps 2,000,000 of these cases, researchers are now discovering, neither school nor student is at fault: Johnny can't read because of a neurophysiological disorder, most often called dyslexia. But he can be helped.

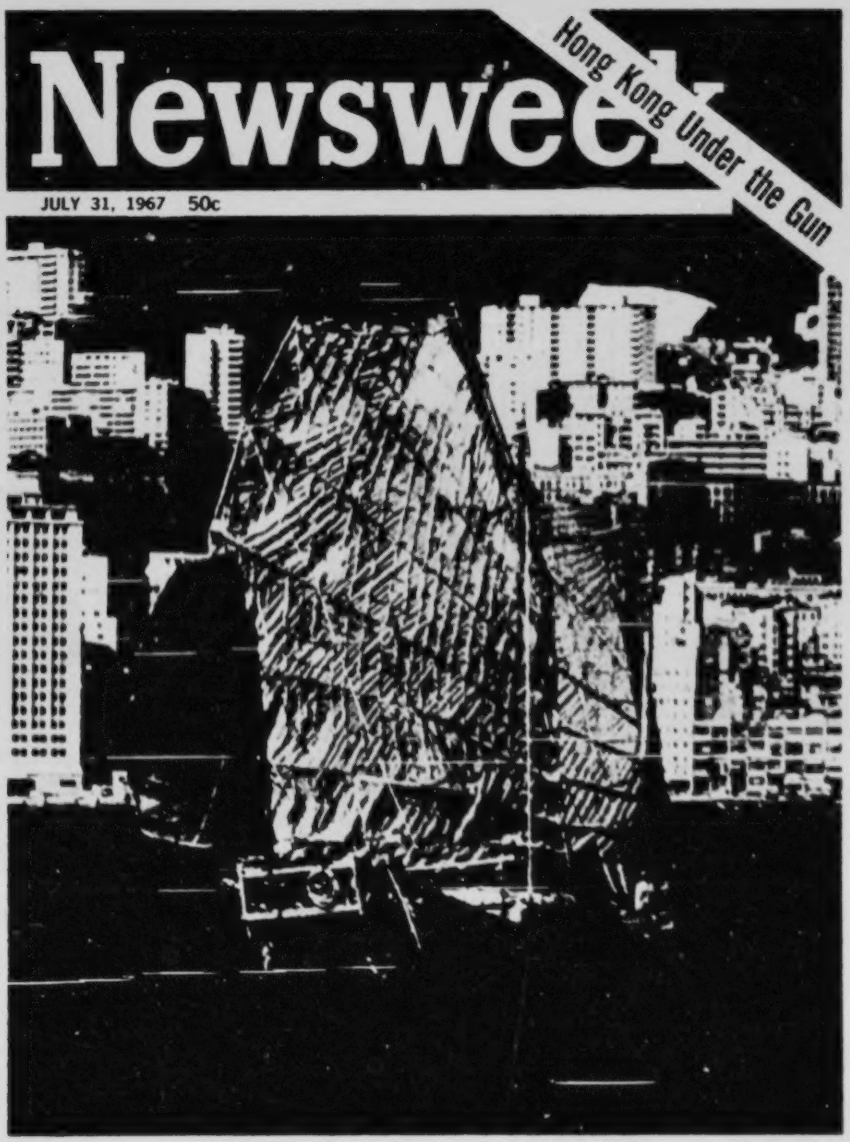
The Symptoms. While precise definitions of dyslexia vary, most experts agree that it appears to be inherited in many cases, but may also be the result of early brain injury, and that it leads to reading difficulties in children who otherwise show normal intelligence in mental tests. Dyslexics display a whole syndrome of symptoms (some of which are no cause for concern in pre-school-age children, but may indicate dyslexia if they persist beyond this age). Usually they confuse spatial relationships. Horizontally, this leads, for example, to spelling *first* as *frist*, *very* as *vrey*. Vertically, it may cause mixups between *u* and *n*, *b* and *p*, *R* and *B*. Their sense of time may be confused, so that even if they hear well, they tend to transpose sounds, get sentences mixed up.

Dyslexics jumble left and right, lack the fine coordination needed in such activities as writing. Their balance is shaky, their sense of rhythm is faulty. They generally reason well but falter in shifting reasoning to symbols such as letters and numbers. Detecting the dyslexic is complicated by the fact that he is also likely to suffer from emotional problems. Although he is as bright as other kids, he becomes frustrated and angry over his poor reading, turns rebellious, seems not to care.

The Solutions. If pinpointed before his emotional problems become overwhelming, the dyslexic can readily be taught to overcome his reading problems. Techniques vary, but effective reading instruction is being given in many reading centers, including New York University's Reading Institute and the Orton Reading Center in Winston-Salem, N.C. Tutorial instruction at Columbia Teachers College clearly shows, says the college's Mrs. Marvin Sleisenger, that such children can learn if "we teach in slow motion." But Frances McGlannan, whose own son's dyslexia led her to found the Language Arts Center in Miami to help such children, puts through 70 students at a time under 18 teachers, takes about a year to enable second-graders to rejoin their public-school classmates at the proper reading level. Older children take longer to catch up.

Since the dyslexic child has faulty visual and auditory perception, Mrs. McGlannan tries to reinforce these senses by stressing touch techniques. Children make human and animal figures out of clay to get a clearer conception of spatial relationships, work with big Masonite squares and circles to get a grip on geometric symbols. They stand on one foot and hold out their arms to comprehend the ideas of leftness and rightness. They manipulate letters that have been fashioned from pipe cleaners, feel the shapes with their eyes closed as the teacher pronounces the letter's sound. The aim, says Mrs. McGlannan, is to blend sight, sound and touch in order to straighten out jumbled perceptions by "involving all the sensory pathways."

In today's specialized research, medical experts have not been aware of the educator's problems with dyslexia and educators have not been aware of the medical knowledge about it. A big step was taken two weeks ago with the formation of a national committee on dyslexia. Headed by Psychiatrist Archie A. Silver of N.Y.U.'s School of Medicine and Hospital Administrator Robert R. Roberts of Redding, Calif., it consists of physicians, psychologists and educators, who by working together can more effectively analyze and attack what promises to be a solvable medical-educational problem.



Newsweek

Hong Kong Under the Gun

JULY 31, 1967 50c

Drill for dyslexia: To improve reading, children walk balancing beam, type out word drills and 'learn' letters of the alphabet with their fingers.

When 'Film' Is 'Flim'

Bobby's IQ was above average for a third grader, but he could read no better than he had in first grade. He couldn't copy even the simplest words, had trouble deciding which way to turn while playing games in the schoolyard and, finally, stopped trying. Bobby's teacher decided he was just lazy. His parents decided the teacher was incompetent. But a psychologist, after giving Bobby a battery of tests, concluded that his difficulty was neurological: the boy, he said, was suffering from dyslexia.

Dyslexia (from the Greek "hard reading") is a medical and educational mystery. Doctors don't know what causes it, few teachers know how to recognize it and, indeed, some educators obstinately question whether it exists at all. Instead, they blame problems like Bobby's on the way reading is commonly taught and on the recondite nature of the English language itself. But at a recent conference on dyslexia sponsored by the U.S. Office of Education, Roger Dale Severud of the State University of New York estimated that 3.5 million U.S. schoolchildren are dyslectic. The meeting reflects increasing Federal interest in the disorder—it was held at Southwest Texas State College, alma mater of President Lyndon Johnson, whose daughter Luci was once treated for reading difficulties.

Reversals. Most of the physicians, educators and reading experts at the Texas meeting agreed that dyslexia is a neurological problem. Since many dyslectic youngsters are above average in intelligence, it is not considered a form of retardation. But for some reason their brains are unable to translate the symbols on the printed page into meaningful ideas, or recall visual images. Dyslectics have a striking tendency to reverse letters in words, writing "was" for "saw," or "flim" for "film" (although anyone will make similar mistakes on occasion). Dyslectics also have difficulty keeping ideas in their proper order, and may be unable to describe how they spent their day chronologically. Typically, dyslectics may be awkward in the way they walk and have little sense of rhythm. And they also often have trouble distinguishing left from right.

Dyslexia is far more common in boys than in girls, and there is strong evidence that the disorder is inherited. A Danish study showed that if the disorder affects one member of a pair of identical twins—who develop from the same fertilized egg—it invariably occurs in the other member. In the same study, dyslexia occurred less frequently in both members of pairs of nonidentical twins.

Neurologists believe the trouble is rooted in the parietal and occipital lobes of the brain, which lie between the ears and the back of the skull; the centers for perception and imaginative thinking are located in these lobes and adults who suffer injuries or strokes in these areas may develop the signs of dyslexia. Yet the typical dyslectic child shows no evidence of brain damage. Nonetheless, some neurologists and psychologists believe the problem is caused by faulty development of the parietal areas.

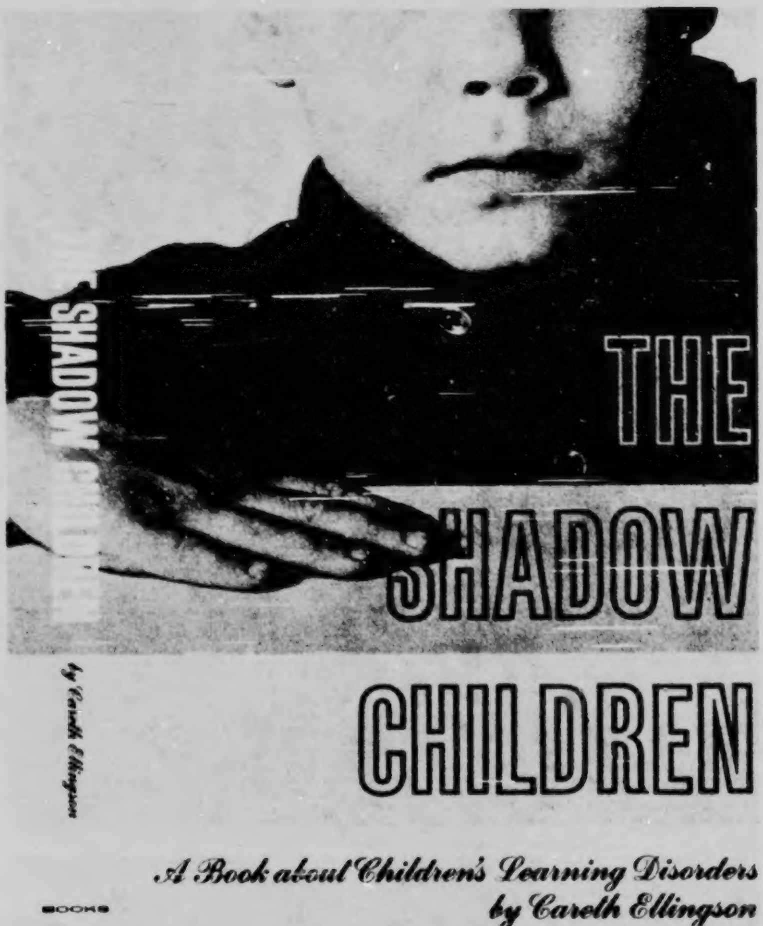
Dick and Jane. But since neurologists have yet to see this defect under the microscope or record it on an electroencephalogram, some educators like Dr. Allen Calvin, president of the Behavioral Research Laboratories, Palo Alto, Calif., look for the cause of reading difficulty in a different area. "There is nothing wrong with these kids' brains," says the 39-year-old psychologist. "There is something wrong with the brains of the people who make up the Dick and Jane books." The look-say methods, in which the pupil learns whole words, Calvin believes, taxes the memory of many youngsters. The phonetic system is only a little better, he adds, because the spelling of many English words bears no relationship to how they are pronounced. Calvin's alternative: learning based on pronunciation, such as grouping words with the short sound of "a."

The confusion for the parents of a child with a reading problem is compounded by the fact that even those who agree that dyslexia exists may disagree about the way to treat it. Some prescribe concentrated remedial reading, while others prescribe exercises. "In one program kids are crawling," notes one reading-and-speech expert, "while five miles away, they're bouncing on a trampoline." The most widely respected programs for treating dyslectics combine both reading and motor retraining.

Cutouts. At the McGlannan School in Miami, Fla., children learn to discriminate letters by the sense of touch before learning them with their eyes. "You must first develop the skills that underlie reading," Mrs. Frances McGlannan, the school's founder and director, explains. Youngsters at the school learn to identify shapes by handling triangles, circles and other large geometric cutouts while blindfolded. Later, they learn to identify cutouts of letters the same way, pronouncing them with their lips as they trace their outlines with their fingers. Finally, they receive intensive drill in reading and spelling. To make the drills more interesting, the child may carry them out on a typewriter.

To improve motor coordination, children at the McGlannan School and at the DeWitt Reading Clinic in San Rafael, Calif., learn to walk on a balancing beam. "Reading is an act of coordination," notes the DeWitt Clinic's Dr. Ray H. Barsch, "and we try to bring the child to the highest state of motor, as well as perceptual, coordination." Barsch, in fact, combines reading with exercise, teaching dyslectic children to read while walking or jumping.

Such training is expensive—the McGlannan School charges $187.50 a month and the average dyslectic stays about two years. But the time and cost are worthwhile: most children with the disorder eventually go on to finish their education. "Many," notes Dr. J. Roswell Gallagher, director of the Adolescent Unit at Boston Children's Hospital Medical Center, "become doctors and engineers."



THE
SHADOW
CHILDREN

A Book about Children's Learning Disorders
by Careth Ellingson

SHADOW
by Careth Ellingson
BOOKS

The Shadow Children

The emotional disorganization which comes to a child suffering with specific dyslexia can, at times, be overwhelming. When he is confronted by his parents, teachers, members of his peer group, in fact, a whole world that seems to feel he is deliberately "not trying", he must eventually react.

One must think at the child's level to understand what is involved when he is faced with teachers who do not understand why, in spite of his obvious intelligence, he will not learn. When he must cope with parents who feel that they have failed because he seems to misbehave wantonly. When he must live with a peer group that rejects him and sees, but does not understand, his great unhappiness with life.

Dr. L. P. Shirley, writing in the California Medical Journal, summarizes the dyslexic child's reactions as follows:

"The child finds himself in a dilemma which he cannot understand and from which he can find no satisfactory avenues of escape. He finds himself the victim of concern, anxiety, and resentment, and perhaps punitive measures, with no way of finding relief, status or approval. He begins to feel alarmingly different from his classmates. He loses self-confidence and self-esteem. He may feel rejected, look down upon and disliked. In defense, he may break out with aggressive, hostile behavior. Or, he may become dominated by chronic anxiety, acquiring a variety of nervous habits, withdrawing from social activities, resorting to physical complaints or indulging excessively in day-dreaming. He may eventually succumb to defeatism, losing interest in school work, paying little attention to class activities and refusing to try. The longer he remains unable to progress in reading, the more deep-seated becomes his emotional disturbance and also his aversion to trying."

Reading, or the act of reading, is the ability to identify and combine properly the sight, sound, and meaning of a letter of the alphabet, or sequence of letters. This identifying and combining is accomplished via perception of symbols (i.e., letters), comprehension and association of what has been read. Frequently, these types of minimal, often subtle, problems will not become evident in a child until he enters first grade. Let's investigate a six or seven-year-old as he enters the first grade.

We automatically assume that a first grader has either reached, or very nearly reached, a stage of neurological development that is comparable to his chronological age level. He is given work to do based on this assumption. But, what happens to him if his maturity is that of only a four-year-old? He is defeated before he starts. The simplest techniques of perception, that other children have learned, are denied him. The classic example, which we have noted earlier, is the b-d reversal and the p-q inversion.

What else do we do to or expect of our first graders? The following pages are devoted to a listing of the skills that are considered necessary to the development of good reading *at the first grade level*. It will be instructive to consider the variety of skills we expect of a six or seven-year-old. Most children, to be sure, master them with relative ease, but it is easy to see the many points at which a child with perceptual problems may encounter trouble.

IN THE AREAS OF VISUAL PERCEPTION AND DISCRIMINATION A CHILD MUST BE ABLE TO:

do *directional drills*
understand *differences in geometric forms*
have ability to do *sequential geometric form drills*
see and understand *likenesses in abstract figures*
know his *position of body in space*
know laterality — *his right from his left hand*
have *visual discrimination for objects*
have *visual discrimination for details in pictures*
have the *ability to complete pictures*
have *visual discrimination for gross symbols*
be able to perform *perceptual constancy drills*
discriminate the *differences in form and position of objects*
have *perception of spatial relationships*
have ability for *comparing and contrasting configuration of words*
be able to perform *figure-ground perception*
be able to perform *visual-motor drills*
discriminate *differences in gross symbols*
discriminate *differences in horizontal and vertical lines and curves in making words*
discriminate *likenesses and differences in word configurations*
be able to perform *matching drills with initial letters*
have *discrimination of small symbols*
be able to perform *word pattern matching drills*
have *visual discrimination of words of similar appearance*
understand *differences in consonant blends*
be able to perform *matching drills for word patterns — short vowel plus one consonant*

IN THE AREAS OF AUDITORY PERCEPTION AND DISCRIMINATION A CHILD MUST:

understand *common words as spoken*
be able to perform *listening drills for differences in words*
be able to *reproduce pronounced three syllable words*
be able to perform *rhythmic training drills*
be able to perform *digit drills for attention span*
have *recognition of rhyming elements*
be able to *reproduce rhyming sounds*
be able to recognize *words to rhyme with pictures*
be able to *perceive rhythmic phrases*
have *recognition and discrimination of common sounds*
have *recognition and discrimination of similar sounds*
give *initial consonant sounds to pictures*
be able to *hear similarities in initial consonant sounds*
be able to *match first sounds of words*
be able to *hear and reproduce the sounds of K, Q, V, X, Z*
be able to *hear first, last and middle sounds in words*
be able to *hear vowel differences*
be able to *hear and reproduce all consonants*
be able to *hear and reproduce short vowels*
be able to *hear and reproduce long vowels*
be able to *hear and reproduce consonant blends*

IN THE AREA OF COMPREHENSION A CHILD MUST:

be able to *classify common objects*
have a *concept of when, where, what and who*
have *ability to tell time*
understand *sequence of events*
have ability to *anticipate holidays, etc.*
have a *concept of directional words — stop, go, etc.*
have a *concept of up, down, first, last, etc.*
be able to *interpret pictures*
be able to *follow a picture sequence*
be able to *draw conclusions*
be able to *interpret punctuation*
understand and use *capital and small letters as an aid to learning*
be able to *use capital letters for names and beginning of sentences*
understand *use of word "and" to connect two ideas*
have *developing weather concepts*
be able to *match color names to colors*
be able to *associate action with words, come, run, etc.*
have developing *knowledge of community workers*
understand *difference between fact and fantasy*
understand *meaning of first grade vocabulary*
have a *visualization of what is read*
be able to *follow one step directions*
be able to *classify ideas*
be able to *perform and comprehend similar word drills*
understand *sentence meaning*
have *meaningful use of new words*
have *concept of singular and plural*
be able to *identify individual items included in a general term*
be able to *answer questions based on reading*
be able to *select a sentence to answer a question*
be able to *select a phrase to complete sentence*
be able to *follow two-step directions*
be able to *select quotations*
be able to *give antecedents of pronouns*
have *awareness of sentence structure*
be able to *visualize the thought in a story*
be able to answer *inferential questions based on reading*
be able to give *appropriate abbreviations*
have *concept of true and false*
understand *opposite thoughts connected by "but"— compound sentence*
have *ability to use context clue for meaning of new word*
understand and use *compound words*
have a *concept of subject and predicate of sentence —"who" did something? — "what" did he do?*
have *concept of use of possessive — mine, yours, etc.*
have *concept of words that can be used as both noun and verb*
be able to *determine which sentence tells about some point in story — relevancy*
have *ability to select title*
have a concept of *first, next, last*
be able to *comprehend what punctuation means to sentence structure — paragraph structure*

IN THE AREA OF STRUCTURAL ANALYSIS A CHILD MUST BE ABLE TO:

use *short vowel sounds*
use *long vowel sounds*
use *consonants in final position*
perform *blending of short vowel and final consonant*
perform *blending of consonants in initial position*
word patterns — *short "a" plus tongue consonants*
word patterns — *short "a" plus labial consonants*
word patterns — *short "a" plus throat consonants*
word patterns — *short vowels plus single tongue consonants*
word patterns — *short vowels plus single labial consonants*
word patterns — *short vowels plus single throat consonants*
use of *digraphs — sh, th, wh, ch, ng, ck*
use of *dipthongs — oo, oo, oi, oy, ou, ow, au, aw*
use of *blends — mp, sp, pl, spl, nt, tr, bl, st*
use of *blends — all "r" and "l"*
use of *final y*
use of *y as i*
use of *y as e*
use of *two vowel rule — oa*
ability to *add "s" to verb*
be able to give *word classifications — ight, etc.*
use of *vowels plus "r"— er, ir, ur, ar, or*
use of the *silent final e rule*
use of *ack, all, ay, oy endings*
the *three sounds of "ed" endings—ed, d, t*
use *of "all" and "old" words*
use *of rhyming phonograms*
use *of final "ll" and "ck"*
use *of abbreviations — Mr., Mrs.*
use *of "a" as a prefix*
concept *of inflectional endings — s, ed, ing*

The author gratefully acknowledges the use of the McGlannan School's unique progress reports from which the above lists were taken. The school's first grade report card is twenty pages long and is part of a complete breakdown of skills expected of children at each of the elementary grade levels.
C. E.

Multi-Disciplinary | Clinical Exchange | International

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Familial Characteristics of Genetic Dyslexia: Preliminary Report From a Pilot Study

Frances K. McGlannan
The McGlannan School a Language Arts Center
Miami, Florida

The statistical data set forth in this report may be an invaluable contribution to the field of learning disabilities—especially to geneticists. The population sample and data collection procedures used for this study seem to have been well controlled. The concept of a homogeneous, three generation search for significant familial characteristics and disorders is an approach to the hereditary aspects of some forms of learning disabilities which would bear watching.—C.C.E.

This paper is a preliminary report of the statistical data received from a pilot study performed at the McGlannan School during 1966. The study served to help formulate the design for an intensive familial investigation; an investigation which, it is hoped, will help to identify and delineate some of the factors basic to the etiology of the suspected genetic anomaly. Working with our professional advisory board,* Project Genotype has been five years in planning and design coordination. Project Genotype with a homogeneous family research population is currently being executed at the school and the data is scheduled to be "computer ready" June 1, 1968. We will give a brief overview of the project under Conclusions.

As defined at the McGlannan School, "Genetic Dyslexia is one demonstrable effect of a basic genetic anomaly manifested essentially by inconstancy of spatial and temporal relations. This inconstancy results in inadequate association and integration of symbols with attendant language disabilities. Concurrent and customary presenting symptoms are: ambilaterality, directional confusion and maturational lags."

The author notes that genetic dyslexia may take one of two forms, or degree of handicap—Specific or Complex.

Specific Dyslexia encompasses those children who demonstrate affirmative conceptual ability and unimpaired inferential reasoning in spite of their demonstrable auditory and visual perceptual handicaps.

Complex Dyslexia encompasses those children who demonstrate the generics of dyslexia, but have, in addition, been subjected to minimal insult or trauma resulting in deficits in association, conceptualization, and retention.

RESEARCH POPULATION

The population of the Pilot Study was composed of three generations of sixty-five families. Each family had one or more children enrolled in the school,* and met the full criteria for sample selection. (Admittance to the school population does not

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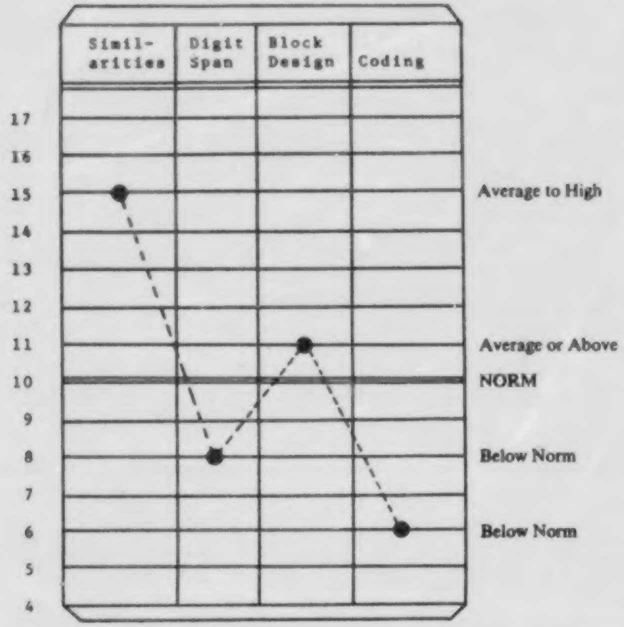
We wish to express our gratitude to members of our advisory board who have given so unstintingly of their time and professional guidance.

The school is an ungraded (1-6), full curriculum center for children handicapped with a minimal learning disability.

EXHIBIT A

W.I.S.C. PATTERNS

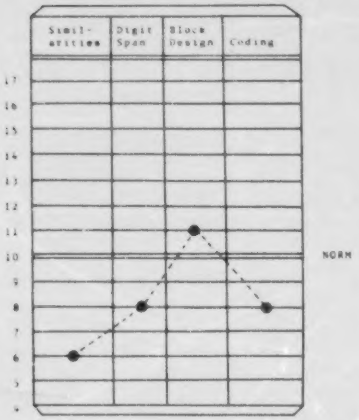


SPECIFIC DYSLEXIA

Inferential Reasoning	Good
Development of Integrative Organization Between Auditory and Visual Systems	Impaired
Sequentially Presented Information—both Spatial and Temporal	Difficult
PROGNOSIS—with early identification and remediation	Good

EXHIBIT B

W.I.S.C. PATTERNS



COMPLEX DYSLEXIA
— the plus factor —
Insult or Trauma, resulting in additional associative and aphasic problems

Inferential Reasoning .... Poor
Retention .... Poor
PROGNOSIS .... Guarded

automatically imply admission to the study and/or project sample.) All of the subjects had been referred to the school as "reading disability" cases by pediatricians, psychologists, University of Miami personnel, or Dade County School System personnel. The median age of the children was 9.3 years; the median age of the mothers at parturition was 26 years. All subjects demonstrated present generation high-average socio-economic status. Ninety-four percent of the families traced geneological origins to Northern Europe, especially Scandinavia and the British Isles.

The basic structure of the Study stipulated admission to the sample population through dual and inter-related criteria: a) the student (subject) qualified his family by demonstrating specific patterns in his testing protocol, and b) the family qualified by presenting language disorders in two or more family members.* Also, before testing, subjects met the primary criteria for sample selection.

For the three generations under study, it was necessary that data presented was only on those family members, i.e., grandparents, parents, sisters, brothers, aunts, uncles, who were in the direct blood-lines within the first degree of kindred for each generation. (It must be noted that one of the most difficult validity controls to maintain in a geneologically oriented study of this type is that the subjects had to be made *constantly* cognizant of the disqualification of a family member by reason of divorce or adoption.)

PRIMARY CRITERIA FOR SAMPLE SELECTION

Admission to the sample population, for the children, was based on the following primary criteria:

1) Absence of frank or demonstrable organicity
2) No demonstrable psychopathic or neurotic evidence
3) A minimum of two years deficiency in language and/or reading skills
4) All sensory modality pathology corrected, i.e., glasses, visual training, etc.

**A number of present generation fathers have had a diagnosis of Specific Language Disability. These diagnoses were documented at recognized university clinics and medical centers.*

TEST INSTRUMENTS ADMINISTERED AND PROTOCOL REQUIREMENTS FOR SAMPLE SELECTION

All sample subjects met the primary criteria for sample selection before the test instruments were administered.

The test situation was controlled in the following manner:

1) No subject was tested in the afternoon
2) No subject was tested if there had been illness in the week preceding the test appointment
3) No subject was tested if there had been medication administered in the week preceding the test appointment
4) Instruments were administered only after it was felt that a comfortable rapport had been established

Following are the instruments administered and the protocol requirements for sample admission:

Wechsler Intelligence Scale for Children

1) It was required that the subjects achieve a Full Scale score of 91 or above. (The median Full Scale score for subjects in the sample population was 106, with all subjects demonstrating higher Verbal score than Performance score.)
2) A minimum differential of four points (Scaled score) was required for the subtests of Similarities and Coding
3) A specific patterning* of four subtests (see Exhibit A) was required. They are as follows:
    a) Similarities — average to high (Scaled score 9-18)
    b) Block Design — average or above (Scaled score 9-12)
    c) Digit Span & Coding — pronounced disparity, usually below the norm (Scaled score 6-10 Digit Span; Scaled score 5-9 Coding)

Bender Visual Motor Gestalt Test

A demonstrated performance two years or more below the expected age level was required. The Koppitz Method of scoring was used.

Detroit Test of Learning Aptitudes

The subtests of Auditory Attention Span for Words and Auditory Attention Span for Related Syllables were administered. It was required that the subject demonstrate a deficiency of three or more years below the expected age level.

Metropolitan Achievement Tests

(Standardized)

This instrument was administered with the results being confirmed by an individually administered *Informal Reading Inventory*. The I.R.I. was constructed at The University of Miami. A minimum deficiency of two years in reading, and three years in spelling was required. (The characteristic errors which result from impaired horizontal and temporal spatial relations in reading, spelling, and writing were evident in each subject.)

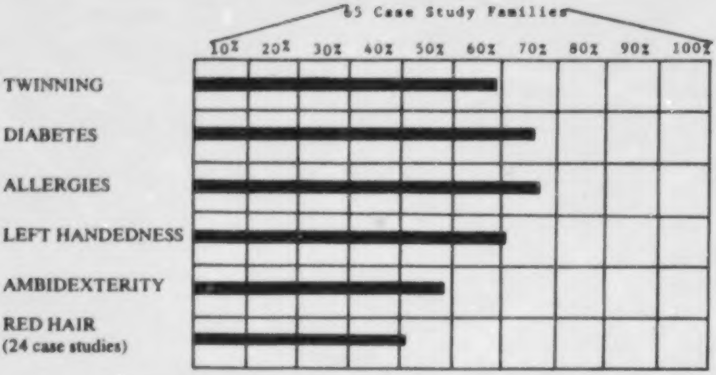
ADDENDA OBSERVATIONS

(not sample selection criteria)

Study subjects also demonstrated the following characteristics: a) ambilaterality, b) maturational lag, c) inability to maintain performance levels under stress, d) mid-line block, e) slowing of rapid rhythmic movements, f) finger agnosia, g) touch localization errors, h) good gross motor control as opposed to poor fine muscle coordination, i) mild to moderate emotional overlay proportionate to unproductive classroom years. (It was noted that in the touch localization test, the subjects' rate of error was in excess of fifty percent.)

**It is stipulated that the patterning may ascend or descend the total prescribed range of scaled increments.*

EXHIBIT C



Twinning	69.2%
Diabetes	75.6%
Allergies	76.9%
Left Handedness	70.7%
Ambidexterity	58.4%
Red Hair	51.4%

RESULTS (See Exhibit C)

A significantly higher rate of twinning in the subject families was reported as opposed to the average United States population norms for twin births. Within three generations, there were 1,618 registered births, with 69.2 percent of the families in the study reporting a total of 46 twin births. This twinning rate is 284 percent higher than the expected average rate of 1 in 88 births for the general population. (A more recent survey reports an average population decline in twin births from 1 in 88 to 1 in 110.) These data are interesting in view of the fact that Scandinavia reports a higher "twinning rate" than the United States and that, coincidently, Scandinavia also reports a high incidence of the hereditary form of dyslexia. Whether this unusual parallel is significant awaits further study and analysis.

Diabetogenous disorders were reported in 75.6 percent of the sample families.

Significant allergic conditions, most particularly drug reactions, were reported by 76.9 percent of the sample families.

Left handedness was documented in 70.7 percent of the families and ambidexterity in 58.4 percent.

In twenty-four reporting families, 51.4 percent report red or bright sandy-red hair. This datum, seemingly unimportant, almost in the class of trivia, bears more weight when viewed with a search of the literature.

DISCUSSION

The discussion of these results will cover four areas: peripheral data received; a brief overview of pragmatic implementation of some of the preliminary findings into an overall diagnostic/remedial program; hypotheses relating to the syndrome of genetic dyslexia; and, finally, a brief overview of Project Genotype.

Peripheral data received from this study indicated: a) that there is a greater than normal rate of reading disabilities occurring in the siblings of twins; b) minor abnormalities from the field of teratology, in which category multiple births are classified are also prevalent; c) hypo-hyper glycemic "swings" attend these families; d) serotonin, histamine, and histadine seem to play an inter-locking important role in the children.

The pragmatic implementation of some of the above information has been most interesting. We have found hyperactive children who have demonstrated hypoglycemia during the four hour glucose tolerance test, and we have viewed significant results with these children with an altered and/or more frequent food intake program. In addition, 66 of 68 children showed marked abatement of hyperactivity and marked increased ability to sustain concentration with the administration of one of the dextro-amphetamines, in minimum dosage. With regard to allergies, records at the school on anti-histamine reactions detail over-reaction and disassociation. By administering these drugs (with full parental and professional cooperation) only in the p.m. hours, these conditions have been considerably alleviated for the susceptible students.

The author wishes to set forth the following hypotheses: that there exists a "vulnerable family" syndrome. It is these families, with specific generic characteristics, which are most likely to produce a child who will suffer the handicap of a learning disability. Furthermore, these children seem underdeveloped at birth and more vulnerable to "results" from minor peri-natal trauma. Thus, it is possible that what we are experiencing on the continuum of learning disabilities is a "dual etiology"—an inherited anomaly, which alone may cause some forms of learning disorders, i.e., dyslexia—plus a vulnerability to the minor insults which would not affect a fetus or infant from another generic background. When speaking of trauma or insult, the reference is to those incidents which heretofore have been considered statistically insignificant or, at best, without meaning to the developmental physiology of the child in question.

Perhaps it is with recognition and therapeutic treatment, which would focus on members of these "vulnerable families" during pregnancy and parturition, that the prevention of certain learning disabilities may lie. Basic biological research into geminism and twinning may be a necessary avenue for research investigation. Medico-legal scholars will have, of course, the grave responsibility of populace guidance as science probes these basic life processes.

Regarding our Project Genotype, for those readers who may find this type of investigation of interest we submit the following brief overview:

A comprehensive structural, neurological, metabolic, and endocrinological examination is performed on each student (subject) admitted to the research sample. This, of course, is in addition to the standard required protocol instruments and evaluation procedures. We require completion of an 1,830 item questionnaire from our research families. (Assistance is given by our board in understanding the clinical terminology of the questionnaire.) A limited number of families are subjected to the same medical testing as the students. All of the research sample families are investigated through and inclusive of the third generation. Thus, when we speak of one family, we refer to the student (subject), siblings, parents, paternal/fraternal grandparents with siblings. This is to be considered in our literature, a "family unit".*

**Control group—will not present any form of learning disabilities within the "Family Unit".*

As was previously stated, we expect to data process by June 1, 1968. It must be noted, that the data received from the Pilot Study, as well as the data being received for Project Genotype, would not have been obtained had it not been for the total cooperation of the parents of our students. For many families, it is difficult to trace geneological information—the time, effort, and even expense that our parents have personally born can never be repaid or sufficiently recognized—for their application to this task, we are indeed grateful.

GLOSSARY

ANOMALY—anything unusual, irregular or contrary to the general rule.

FINGER AGNOSIA and TOUCH LOCALIZATION—inability to recognize the area where skin was touched; and on which specific finger.

GENETIC—relating to the study of heredity

GENOTYPE—genetic constitution of an individual; may be used with respect to gene combination at one specified locus, or any specified combination of loci.

HYPERGLYCEMIA—an abnormally high concentration of glucose in the circulating blood, especially with reference to the fasting level.

HYPOGLYCEMIA—an abnormally low concentration of glucose in the circulating blood.

RAPID RHYTHMIC MOVEMENTS—as denoted in neurological examination, rapid and regular meeting of tips of specific fingers, usually thumb and fore-finger.

TERATOLOGY—the branch of science that deals with the production, development, anatomy, and classification of monsters. Technically speaking, multiple births are studied under this science. A minor abnormality is, for example, supernumerary teeth.

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The Dyslexic Child...

"These children are as handicapped by the
ignorance surrounding their problem as by the problem itself"

Frances K. McGlannan
MIAMI, FLORIDA 1963

RIDGE AREA ASSOCIATION
for RETARDED CHILDREN

BOX 731
AVON PARK, FLORIDA 33825

May 14, 1973

The Honorable Harrison Williams
Senator, State of New Jersey
Hearings on Senate Bill No. 6
Columbia, South Carolina

Dear Senator Harrison,

I am Mrs. G. F. Ward from Avon Park, Florida a small rural community in the citrus and cattle country of the south central part of the state. Since 1957 I have been a member of a local parents' organization, the Ridge Area Association for Retarded Children, the Florida and National Associations for Retarded Children. Whatever I say here, it is with the bias and subjective values of the parent of an eighteen year old retarded son. Only as we -- my husband and I -- have become aware of the needs of our handicapped son have we grown in our understanding of the problems of providing educational services for the mentally handicapped.

For most of the last 16 years we have worked as a part of the parents' group and with any public or private agency we could involve, to educate our son, first, at home; then in nursery school, followed by an Association sponsored developmental program and public school programs. As the job of providing educational opportunities became increasingly burdensome to the Association for Retarded Children, we moved for the acceptance of this responsibility by the public school system. Our county school board supported, then administered school services for the trainable mentally retarded before most counties in the state recognized their needs. Our county commissioners by special legislative act, contributed to the Association's programs many years before general enabling legislation permitted such use of funds. With other parent groups we have worked for acceptance in the Florida educational system, of the responsibility for assistance in providing educational services for all handicapped. We have been unusually fortunate in that our local governmental agencies and school board have cooperated with the Association for Retarded Children and each other to develop programs for the handicapped. There have been issues when cooperation might have been more accurately defined as capitulation. As a new activity was made available to the retarded in the county, such as regular physical education classes, speech therapy and summer programs, other parents and parent organizations in other counties have sought and obtained similar opportunities for their handicapped. Through the years we have continued to work with our resources and abilities to provide or secure services for the retarded, locally, in the state and at the national level.

But it has been a full time undertaking, often demanding more than we could give or procure. As we made progress in obtaining classrooms and teachers, we stumbled against the job of getting handicapped children to appropriate classrooms without a public transportation system in our rural county of 1015 square miles. We have struggled with problems of improving the quality of instruction, promoting parent understanding and cooperation, securing pediatric services when the nearest pediatrician practiced in a county fifty miles away. We have worked for regular evaluation of the handicapped and his programs and over a period of 33 months, we helped move a small isolated class for trainable retarded children, to a regular school campus, albeit somewhat apart from the larger school program. We have persisted in our efforts to develop adequate services for the retarded. Some of the problems have been well resolved through months and years of persuading, cajoling, badgering, even conniving. When progress seemed unbearably slow, the parent of a handicapped child was elected to the county school board. The attitude of gracious cooperation grew into a broader one of willing leadership.

As I understand Senator Williams' proposed legislation (S6) many of the supporting services that help make it possible for the handicapped person to use existing educational opportunities effectively, could be developed under its stipulations and funding. These would include individual prescriptions for learning, a procedure for change in a child's program, inclusion of the handicapped in a regular school setting so that he may learn to accept responsibility with his peers and for himself and so that others may learn to accept him; a formula for funding and a time table for accomplishment. As the parent of a retarded son I would welcome this legislation. In spite of the years of endeavor, in spite of the Florida mandatory law and its five-year-plan to provide basic education and training for the school aged handicapped, in spite of living in a state that ranks very high in the numbers of handicapped persons served, we know of children who are not being served at all or whose individual needs are not being met in their particular setting.

I would like to describe a particular case, that of a multi-handicapped girl now 10 years old, severely crippled by cerebral palsey, mentally rtarded and with very limited speech. She was enrolled in our Association sponsored, Division of Retardation funded developmental training program at the age of four when she was beginning to roll and crawl on the floor. Before she moved to another county last July she had learned to walk with crutches and braces, feed herself, had been toilet trained and was learning to swim and to perform some self-care chores. She with her family moved to another Florida county in order to maintain the father's employment status. Beginning 10 days after the move, the mother started investigating carefully the educational opportunities for Jerri. The parents completed a number of applications, submitted to tests and examinations, met appointments for interviews, paid for medical and psychological exams. Eight months after first making application, ten year old Jerri who had been in a training program for 5½ years in our county, was accepted in a program for two hours daily provided the mother transport Jerri a distance of 7 miles and remain as her "baby sitter" while Jerri attends school. At the end of the first week the mother reported Jerri's instructions were coming from her and at last hearing there is still no program for Jerri.

This happened in 1973 in one of the highest ranked states in terms of percentage of handicapped persons served. I think it demonstrates the need for further state wide help in designing, funding, evaluating and accounting for local services for the handicapped. It also emphasizes the need to provide services for the low functioning handicapped who may never qualify for a job but who certainly needs to know skills of self-help and self-care. I sincerely hope that Senate Bill No. 6 and the companion House bill receive favorable action.

Thank you for this opportunity to speak about the needs of the retarded in Florida. We parents, at least the nearly 6,000 who are members of the Florida Association for Retarded Children, know we have a great deal more for our handicapped children than we had 15 years ago but like parents of the normal, we want something even better for our children, particularly those who cannot speak for themselves. They still need and deserve something better. Thank you for your great efforts to serve the handicapped.

Sincerely,

Mary Ellen Ward (Mrs.G.F.Ward)
Past President

PRESENTATION TO SENATOR HARRISON WILLIAMS
REGARDING SENATE BILL 3614

PREPARED STATEMENT OF CHARLIE G. WILLIAMS, DEPUTY SUPERINTENDENT FOR INSTRUCTION, SOUTH CAROLINA STATE DEPARTMENT OF EDUCATION

SENATOR WILLIAMS, STAFF MEMBERS AND OTHER DISTINGUISHED VISITORS ON BEHALF OF THE SOUTH CAROLINA STATE DEPARTMENT OF EDUCATION, IT IS INDEED A PRIVILEGE TO HAVE YOU IN OUR STATE. WE ARE PARTICULARLY GRATIFIED THAT YOU ARE HERE ON A MISSION IN BEHALF OF CHILDREN WITH HANDICAPPING CONDITIONS.

SENATOR, I COMMEND YOU AND YOUR COLLEGUES FOR YOUR LEADERSHIP IN DEVELOPING, INTRODUCING AND FIGHTING FOR SENATE BILL 3614, CITED AS THE "EDUCATION FOR ALL HANDICAPPED CHILDREN ACT." YOUR CONCERN AND YOUR PRESENCE COULD NOT BE MORE TIMELY OR APPROPRIATE FOR US AS WE ARE MOVING TO IMPLEMENT THE PROVISIONS OF SOUTH CAROLINA ACT NO. 977 OF 1972, TO ESTABLISH A MANDATORY PROGRAM OF EDUCATION OF HANDICAPPED CHILDREN IN THE PUBLIC SCHOOLS.

I WILL NOT TAKE THE TIME TO REITERATE THE ISSUES RELATED TO THE RIGHTS OF HANDICAPPED CHILDREN TO AN APPROPRIATE EDUCATION AND THE RESPONSIBILITIES FOR PROVIDING THE OPPORTUNITIES TO ALL HANDICAPPED CHILDREN. YOU HAVE SAID IT ALL SO VERY ABLY IN YOUR REMARKS TO THE SENATE WHEN YOU INTRODUCED THE BILL ON MAY 16, 1972, ONE YEAR AGO THIS WEDNESDAY.

SENATOR, MAY I SHARE WITH THE OTHERS YOUR REMARK ON THAT ISSUE:

> "THE ARGUMENT THAT OUR AGE-OLD INSTITUTIONS ARE NOT PRESENTLY EQUIPPED TO DEAL APPROPRIATELY WITH HANDICAPPED CHILDREN IS NO LONGER A SUFFICIENT EXCUSE. IF IT IS TRUE, THEN OUR INSTITUTIONS MUST CHANGE.

> "If our buildings and transportation systems are inaccessible to individuals with handicaps, then they must be altered. It is not a question of what is most convenient. We are talking about basic rights that have been neglected for too long."

In South Carolina few, if any, would dispute the right of all handicapped children to have the advantages of a free public education. In fact, Act 977 has legislatively settled that for us and we now turn our attention to implementation.

Let me share with you briefly some developments in Programs for the Handicapped in our state which relate significantly to the provisions of Senate Bill 3614 and could be very supportive of your efforts.

May I quote again from your introductory remarks of April 16, 1972:

> "This legislation also involves several other important initiatives. It requires the states to submit a state plan which will enable them to provide full and appropriate services to all handicapped children by 1976. It requires the identification of all handicapped children within the state, and assigns responsibility for the education of these children to the appropriate educational agency."

In support of your provision let me report to you that in 1971 the State Department of Education under the direction of the State Board of Education developed a 5-year plan to provide appropriate educational opportunities for all handicapped children. I will provide copies for you and the staff as information. In the implementation of

ACT 977 OF 1972, TO ESTABLISH A MANDATORY PROGRAM OF EDUCATION OF HANDICAPPED CHILDREN IN THE PUBLIC SCHOOLS, THE STATE BOARD OF EDUCATION ADOPTED A SET OF STANDARDS AND PROCEDURES FOR IMPLEMENTING THE ACT. (COPIES WILL ALSO BE PROVIDED). THESE STANDARDS AND PROCEDURES INCORPORATE MOST OF THE PROVISIONS WHICH ARE WRITTEN INTO YOUR BILL.

I CITE THIS EXPERIENCE AS EVIDENCE THAT A STATE PLAN WHILE CHALLENGING IS NOT OVERWHELMING AND CAN BE DEVELOPED. SOUTH CAROLINA COULD SUBMIT A STATE PLAN AS REQUIRED IN THE BILL AND AT THIS POINT IN OUR PROGRAM COULD DO SO WITHOUT UNDUE DELAY IN TIME.

SENATOR, WHAT I HAVE ATTEMPTED TO RELATE UP TO THIS TIME I CAN SUMMARIZE IN ONE SENTENCE. IN SOUTH CAROLINA TODAY WE HAVE THE COMMITMENT AND HAVE DEVELOPED THE PLAN.

THERE IS ONE OTHER ISSUE ADDRESSED BY YOUR BILL WHICH ISN'T COVERED IN MY ELABORATION OR ONE SENTENCE SUMMARY. AGAIN SENATOR WILLIAMS YOU STATED IT DIRECTLY AND SUCCINCTLY WHEN YOU NOTED LAST APRIL, "THE EDUCATION OF HANDICAPPED CHILDREN WILL NOT BE COSTLESS. IT IS HARD TO ARGUE TO THE STATES THAT THE FEDERAL GOVERNMENT IS SERIOUS ABOUT FULL EDUCATIONAL OPPORTUNITY FOR ALL HANDICAPPED CHILDREN WHEN WE ARE NOT WILLING TO INVEST MONEY TO MAKE THIS GOAL A REALITY. IF WE ARE GOING TO MAKE A REAL COMMITMENT TO FULL AND APPROPRIATE SERVICES, AND EXPECT THE STATES TO CARRY THROUGH ON THIS COMMITMENT, WE WILL HAVE TO PUT OUR MONEY WHERE OUR MOUTH IS."

MAY I PRESENT BRIEFLY THE IMPLICATIONS OF THE FUNDING PROVISIONS OF SENATE BILL 3614 TO SOUTH CAROLINA.

IT HAS BEEN ESTIMATED BY SOME OBSERVERS THAT AN ADEQUATE PROGRAM FOR THE HANDICAPPED MAY COST TWICE AS MUCH AS AN ADEQUATE PROGRAM FOR CHILDREN ENROLLED IN REGULAR EDUCATIONAL PROGRAMS. THE BILL PROPOSES TO PROVIDE TO STATES AND LOCAL SYSTEMS A MAJOR PORTION (75

PERCENT) OF THE EXCESS COST ENTAILED IN EDUCATING THE HANDICAPPED OVER AND ABOVE COSTS ORDINARILY INCURRED IN THE EDUCATION OF STUDENTS IN REGULAR PROGRAMS.

THE AVAILABILITY OF SUCH FUNDS AS PROPOSED WOULD TEND TO ENCOURAGE DISTRICTS TO DEVELOP MORE THAN "MINIMAL" PROGRAMS FOR THE HANDICAPPED.

THE ATTACHED TABLE REVEALS THE PROJECTED ENROLLMENT IN PROGRAMS FOR THE HANDICAPPED OVER THE NEXT FEW YEARS IN SOUTH CAROLINA. WE HAVE CALCULATED AN EXCESS COST OF $60 PER PUPIL. THE TABLE PRESENTS PROJECTIONS OF TOTAL EXCESS COSTS TO BE INCURRED BY SOUTH CAROLINA AS WELL AS PROJECTIONS OF AMOUNTS THAT WOULD BE REIMBURSED UNDER THE PROVISIONS OF THE BILL.

IT IS READILY OBVIOUS THAT YOUR EFFORTS AND THE EFFORTS OF THE LEADERSHIP OF SOUTH CAROLINA ARE COMPLEMENTARY IN INTENT TO APPROPRIATELY SERVE HANDICAPPED STUDENTS. YOUR BILL IS DIRECTED AT WHAT SEEMS TO BE THE BIGGEST REMAINING INEQUITY IN OUR SYSTEM OF PUBLIC EDUCATION. ADEQUATE EDUCATIONAL OPPORTUNITIES FOR HANDICAPPED CHILDREN IS HUMANE, PROPER AND LONG OVER DUE. WE APPLAUD YOU AND SUPPORT YOU FOR YOUR LEADERSHIP.

PROJECTED FINANCIAL IMPLICATIONS OF PASSAGE OF SENATE BILL 6

YEAR	(EXPECTED) HANDICAPPED ENROLLED	EXCESS COST/CHILD	TOTAL EXCESS COST	75% EXCESS COST WILLIAMS BILL
1972-73	47,000	$600	$28,200,000	$21,150,000
1973-74	60,000	$600	$36,000,000	$27,000,000
1974-75	74,000	$600	$44,400,000	$33,300,000
1975-76	89,000	$600	$53,400,000	$40,050,000
1976-77	105,000	$600	$63,000,000	$47,250,000

STANDARDS AND PROCEDURES FOR IMPLEMENTING THE PROVISIONS OF ACT NO. 977 OF 1972 TO ESTABLISH A MANDATORY PROGRAM OF EDUCATION OF HANDICAPPED CHILDREN IN THE PUBLIC SCHOOLS

APPROVED BY THE SOUTH CAROLINA STATE BOARD OF EDUCATION ON JANUARY 12, 1973

INTRODUCTION

The purposes of these standards and procedures are:

(1) to implement the provisions of South Carolina Legislative Act No. 977 of 1972

(2) to establish minimal criteria by which the State Department of Education may evaluate local school district plans for the education of handicapped pupils, and

(3) to provide guidelines to aid school districts in the establishment of comprehensive educational programs designed to meet the specific needs of handicapped children.

Authority: The law to establish a mandatory program for education of handicapped children in the public schools directs the State Board of Education to establish a program of specialized education for all handicapped children in the state and to prescribe standards and approve the procedures under which the facilities are furnished and services provided. In addition the State Board of Education is directed to:

(1) establish screening, evaluating, and placement procedures for handicapped students who will participate in the programs.

(2) determine certification requirements for teachers.

(3) set minimum room size standards.

(4) set standards for equipment and materials used in such programs.

The law specifically states that the State Board of Education may promulgate such rules and regulations, not inconsistent with law, as it shall deem necessary and proper for the effective administration of programs for the education of handicapped children.

Definitions: South Carolina law contains specific definitions concerning the handicapped. Legal definitions are included in the Appendix of this document.

The intention of the State Board of Education is to establish reasonable standards and procedures for the operation of programs for handicapped children consistent with the provisions of the law. The State Board recognizes the extensive degree of commitment which many local school districts have already established as evidenced by the submission of five year plans for the establishment of programs for all handicapped pupils. These standards and procedures are designed to coincide with -- and not to conflict with -- earlier efforts on the part of local districts. In brief, the standards simply state that local school districts are required by law to provide a comprehensive educational program for all handicapped pupils. Some of the basic ideas reflected in the standards have previously been submitted to local school districts in the form of suggestions and recommendations for effective programs. Now in compliance with state law, many of those same suggestions and recommendations are established as minimum standards by the State Board of Education and, therefore, in themselves have the effect of law, provided that they are not inconsistent with previously established state law.

The State Board of Education recognizes that the state school system is made up of school districts which vary greatly in enrollment and availability of resources, both financial and human. Recognizing that there may be school districts in the state of South Carolina with resources barely adequate to implement programs for all handicapped pupils, the State Board of Education again commits itself to offer through the State Department of Education consultative assistance, priority being assigned to those activities mandated by State statute.

STANDARD I -- GENERAL POLICIES

Each school district individually or in combination with other school districts shall conduct a survey of the educational needs of all handicapped children within its jurisdiction and devise an educational plan for the children concerned. An annual report shall be made by each district to the State Department of Education to indicate the extent to which the plan has been implemented and to report additional planning. (Act No. 977, Section 4)

Contained in the written philosophy of the local school district shall be a commitment to the education of all school-aged youth, including the handicapped.

It shall be the primary purpose and objective of the local school district to implement to the greatest extent possible the implications of philosophical statements relative to the education of all school-aged youth.

The local school district shall have an officially adopted policy statement that assures the appropriate education of handicapped pupils.

The local school district must commit itself to the task of providing adequate staff, facilities, equipment, materials, curricular and organizational structure necessary for the effective operation of programs for handicapped pupils.

The education of handicapped pupils must be recognized as a district-wide function and should receive full cooperation, support, and constructive participation from available district resources both financial and human.

In identifying handicapped pupils the local district shall employ legally established definitions. (See Appendix A for legal definitions.)

STANDARD II -- PROGRAMS AND CURRICULUM

Educational programs for handicapped pupils shall be provided for all handicapped pupils of legal school age who reside in the local school district. (Act No. 977, Section I) Legal school age means age 6-21 (Section 21-752, 1962 Code) except for hearing handicapped children in which case legal school age means age four and older (Section 21-295, as amended in 1967).

The programs for the handicapped pupils shall be interrelated with other school programs to the extent that handicapped pupils can benefit thereby. The local school district shall utilize special education models which will allow handicapped pupils to be integrated within the entire student body to the extent that it is beneficial to the handicapped pupils (Act No. 977, Section 4).

When the pupil population in the local school district is so small as to yield a number of children in any handicapping area less than the minimum enrollment necessary for one appropriate program unit, local school district may contract with other districts within the state for the provision of such services as may be appropriate for the handicapped pupil (Section 5).

When local school district has a population of handicapped pupils large enough to justify establishment of one program in that area of handicapping condition, then the local district will establish a program for those pupils (Section 5).

School districts shall form cooperative arrangements with other nearby school districts for purposes of providing an appropriate program for pupils experiencing low incidence handicapping conditions (Section 5).

The sending district must document this lack of numbers and receive prior approval from the State Department of Education before sending pupils to other school districts (Section 5).

The sending district will contract and pay the receiving district the per capita cost of instruction, special equipment, and special services not reimbursed to the receiving district by state, federal, and other monies plus the cost of transportation and of maintenance if the non-resident children must reside away from their home (Section 5).

The receiving district which enters into such non-resident contract arrangements which are approved by the State Department of Education shall be reimbursed by the Department for tuition fees, transportation, and books not to exceed the per pupil cost of educating a handicapped child of identical age in the public schools (Section 5).

In the event that no appropriate program for a specifically handicapped pupil exists within approved special education facilities located within the state of South Carolina, the sending district, upon approval by the State Department of Education, may contract with other school systems or institutions outside of South Carolina which maintain approved special educational facilities (Section 5).

The curriculum for handicapped pupils shall be sequential and shall correspond in terms of age levels to programs available to other students (K or 1-12), except that programs for hearing handicapped pupils shall be available for pupils aged four years and older. The curriculum shall be adapted at all levels to meet the special needs of the handicapped pupils being served.

Counseling and guidance services shall be made available to pupils enrolled in programs for the handicapped on the same basis as to the student body at large.

Appropriate occupational or vocational training and placement services shall be made available to students enrolled in programs for the handicapped on at least the same basis as to the student body at large.

STANDARD III -- PUPIL REFERRAL

Pupil personnel records shall be maintained in such a manner as to clearly indicate the screening, evaluating, and placement processes employed to assign the pupil to a program for handicapped pupils. Records shall reflect a history of the educational training and services provided and the children participating in the program. (Act No. 977, Section 5)

Screening procedures appropriate for each defined area of handicapping condition shall be continuously conducted by the local school district. (See Appendix B for suggested screening procedures for each of the handicapping conditions.)

Local school districts should secure written parental permission before proceeding with pupil testing and/or placement.

Evaluation or appraisal of a candidate for placement in and/or dismissal from a program for handicapped pupils shall be conducted in such a manner as to utilize an appropriate array of data including intelligence test results, family history, educational records, medical records, and psychological evaluation. (See Appendix C for minimal evaluation procedures for each handicapping condition.) All children remaining in programs for the handicapped should be re-evaluated at least every two years.

Speech handicapped children may be referred and evaluated by a speech clinician certified by the State Department of Education.

Placement and dismissal of pupils (except speech handicapped) into or out of a program for the handicapped shall be made only upon the recommendation of placement committee(s) appointed by the local district superintendent or his designee. The placement committee(s) shall consist of no fewer than three persons who shall meet on a regularly scheduled basis.

Appropriate appointments to placement committee(s) may be selected from, but not limited to, the following list of positions:

Superintendent
Principal
Supervisor of Programs for the Handicapped
Teacher in Appropriate Area of Handicap
School Counselor
Psychologist
Social Worker
Physician
School Nurse
Regular Classroom Teacher
Parent of the Handicapped

The placement committee(s) shall be responsible for reviewing each pupil's case periodically during the academic year and shall make recommendations on alternate placements and/or dismissals as appropriate.

STANDARD IV -- FACULTY

Each faculty member employed in programs for handicapped pupils shall hold an appropriate teaching credential issued by the State Board of Education. The local school district shall make every effort to secure properly certified teachers -- holders of standard teaching credentials with an endorsement in the appropriate area of handicap. In the event that the local school district has exhausted all avenues of securing fully qualified teaching personnel, it may -- with the consent of the State Department of Education -- employ less than fully certified personnel, provided that those personnel also hold standard teaching credentials with a valid endorsement in another teaching area and have completed certain minimal requirements in the proposed teaching field.

Inservice education programs for teachers of the handicapped shall be organized and conducted by the local school district. The first priority of inservice education programs for teachers of the handicapped shall be to complete the certification of those teachers teaching out of field, i.e. with a teaching area endorsement other than the one in which they are employed. Concurrently the inservice educational program shall seek to develop the skills of all personnel employed in regular and special programs which serve handicapped pupils. The local school district shall be responsible for identifying the educational needs of its teachers in programs for handicapped pupils and should establish inservice programs designed to assure the competency of those teachers through inservice educational activities.

The local school district shall identify and appoint an individual who shall act as liaison between the local school district and the State Department of Education for purposes of implementing programs for handicapped pupils.

STANDARD V -- PHYSICAL FACILITIES AND RESOURCES

Facilities in which programs for handicapped pupils are conducted shall be comparable in quality and size to regular school facilities.

Facilities designed for handicapped pupils shall be in compliance with standards set by the State Board of Education. (See Appendix D)

Wherever necessary the physical facilities utilized in programs for handicapped pupils shall be specially adapted to the needs of the handicapped.

There shall be an adequate supply of appropriate teaching materials and equipment to the same extent that materials and equipment are made available to the student body at large.

STANDARD VI -- COMMUNITY INVOLVEMENT

School districts shall cooperate with community agencies, both public and private in efforts to identify and serve handicapped pupils. (Act. No. 977, Section 6)

District and state educational agencies are authorized to accept gifts or donations from private agencies interested in working toward the education and training of handicapped children. (Section 6)

APPENDIX A

DEFINITIONS CONCERNING HANDICAPPED CHILDREN

Certain definitions concerning handicapped children have been established by State law. These definitions were most recently amended June 21, 1972.

(1) 'Special education program' means educational services carried on through special schools, special classes and special instruction;

(2) 'Educable mentally handicapped pupils' means pupils of legal school age whose intellectual limitations require special classes or specialized education instruction to make them economically useful and socially adjusted;

(3) 'Trainable mentally handicapped pupils' means pupils of legal school age whose mental capacity is below that of those considered educable, yet who may profit by a special type of training to the extent that they may become nearly self-sufficient and less burdensome to others;

(4) 'Emotionally handicapped pupils' means pupils of legal school age with demonstrably adequate intellectual potential, who because of emotional, motivational, or social disturbance require special classes or specialized education instruction suited to their needs;

(5) 'Hearing handicapped pupils' means pupils of age four or older who are certified by a licensed specialist that their hearing deficit requires special classes or specialized education instruction suited to their needs;

(6) 'Orthopedically handicapped pupils' means pupils of legal school age who have an impairment which interferes with the normal functions of the bones, joints, or muscles to such an extent and degree as to require the school to provide special facilities and instructional programs;

(7) 'Visually handicapped pupils' means pupils of legal school age who either have no vision or whose visual limitations after correction result in educational handicaps unless special provisions are made;

(8) 'Learning disabilities pupils' means pupils with special learning disabilities who exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbances or to environmental disadvantage.

The State Board of Education has adopted the following concerning children with speech handicaps:

Speech handicaps may be described as those impairments which tend to interfere with or limit, to varying degrees, the individual's ability to formulate, express, receive, or interpret oral language. These impairments are generally listed in the literature of the speech and hearing profession as defective articulation, delayed speech and language, stuttering, hearing impairment, cleft palate, cerebral palsy, aphasia, voice disorders, cluttering and nonstandard dialect.

The State Board of Education has adopted the following concerning children who are deaf-blind:

'Deaf-Blind pupils' means children who have both auditory and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot properly be accommodated in special education programs either for the hearing handicapped child or for the visually handicapped child. The visual and hearing impairments need not be total.

APPENDIX B

SCREENING PROCEDURES FOR HANDICAPPED PUPILS

MENTALLY HANDICAPPED (EDUCABLE AND TRAINABLE)

Each school district should design and implement a continuous screening process for school aged pupils to identify all mentally handicapped pupils in need of special education services. Pupils should be screened and identified on the basis of: (1) teacher, parent and/or physician referrals, (2) psychological services, (3) referral from community agencies, (4) readiness tests, (5) group achievement and/or intelligence tests.

EMOTIONALLY HANDICAPPED

Each school district should design and implement a continuous screening process for school aged pupils to identify all children who may need help with emotional, social or motivational problems. By employing an ongoing, systematized screening program in K or 1-12 the district will be able to plan a more effective program. Pupils should be screened on the basis of: (1) referrals from teachers -- (It is strongly recommended that the classroom teachers complete a behavioral rating scale and/or administer a peer, self-rating survey to those students she feels have some emotional problems before making her referrals), (2) referrals from parents, psychological services, guidance counselors or other personnel, (3) recommendations from physician or mental health centers, (4) educational test data such as readiness test results, group achievement and/or group intelligence tests.

HEARING HANDICAPPED

Each school district should provide a hearing testing program designed to identify pupils who have hearing adequate for classroom instruction and those who need further in-depth testing. Threshold testing should be done for those pupils who fail the screening, as a means of identifying those pupils who need further testing or a medical examination, preferred seating, etc. All testing should be done with the use of an audiometer and by a person qualified to administer such tests and interpret the results.

Each pupil should be screened at the 500, 1000, 2000, 4000 and 8000 frequencies at an intensity of 25-30dB (ISO), depending upon the noise level of the building in which testing is being done. Pupils who fail to hear the tone at as many as two points in either ear should be rechecked to determine the exact pattern of hearing of the individual.

Pupils who are rechecked should be referred to an audiologist, otologist, or otolaryngologist if they average as much as a 30dB loss (ISO) in the 500, 1000, and 2000 frequencies at either ear. Those who hear well at these frequencies but have a rather severe loss at the 4000 and/or 8000 frequencies may, at the discretion of the evaluator, be referred to one of the above named specialists, if only as a precautionary measure. Preferred seating should be recommended for pupils needing such assistance in order to overcome or compensate for hearing loss.

All pupils in the school system should be tested the first year. Each year thereafter, the following grades should be tested: K-4, 7, 9, and 11. Each year referrals from the teachers should be tested, as well as any new pupils moving into the school district.

ORTHOPEDICALLY HANDICAPPED

Each district should design and implement a continuous screening process for school aged pupils to identify all orthopedically handicapped pupils. The screening process should incorporate utilization of the following: professional personnel, physicians, public health nurses, social and welfare workers, attendance supervisors, classroom teachers, parent groups, churches, The South Carolina Association for Crippled Children and Adults, and other community agencies.

VISUALLY HANDICAPPED

Each school district should design and implement a screening process to identify all children who have visual limitations so that modification can be made in their educational programs to allow them to achieve their maximum potential.

Vision screening tests should be designed to screen the following:

(1) Visual Acuity - Visual acuity testing should include far point, near point, and binocular vision.

(2) Ocular Pathology

(3) Muscular Imbalance

All pupils in the school system should be screened the first year. Each year thereafter, the following grades should be screened: K-4, 7, 8, 9 and 11. Each year referrals from the teachers should be screened, as well as any new pupils moving into the school district. Pupils failing the screening should be rechecked. Those failing the recheck should be referred to an ophthalmologist or an optometrist.

LEARNING DISABILITIES

Each school district should design and implement a continuous screening process for all school aged pupils to identify all children with learning disabilities. By employing an ongoing, systematized screening program in K or 1-12, the district will be able to plan a more effective program. Pupils should be screened on the basis of: (1) referrals from teachers, parents, psychological services, guidance counselors, or other personnel, (2) recommendations from physicians or mental health centers, (3) educational test data such as readiness test results, group achievement and/or group intelligence tests.

SPEECH HANDICAPPED

A speech clinician approved by the State Department of Education should screen all kindergarten, 1st and 3rd graders, new students and teacher referrals. A standard screening test of articulation should be used. The criteria for failure should be based upon the judgement of the clinician.

APPENDIX C

EVALUATION PROCEDURES FOR HANDICAPPED CHILDREN

MENTALLY HANDICAPPED (EDUCABLE AND TRAINABLE)

Candidates must be evaluated by a psychological examiner certified by the State Department of Education. The examiner must administer at least one individual intelligence test and at least two other tests of psychological function of the observed difficulty. The examiner's report should include behavioral observations, results of testing, educational implications, summary, and recommendations.

Also, at least one individual readiness or achievement test should be administered to appraise the current level of academic accomplishment for educable pupils. The functional level of trainable pupils should be assessed to whatever extent possible.

It is recommended that a school social worker or other appropriate person secure an extensive history of the child and his family, including a parental evaluation of the child's present difficulty.

It is also recommended that a physical examination be administered by a licensed physician, particularly in the case of trainable children.

EMOTIONALLY HANDICAPPED

Candidates must be evaluated by a psychological examiner certified by the State Department of Education who certifies that the child possesses demonstrably adequate intellectual potential and manifests a primary handicapping condition of emotional disturbance. The examiner must administer at least one individual intelligence test and at least two other tests of psychological function of the observed difficulty. The report should include a description of the disturbance and the degree to which the child recognizes his problem, an estimate of the child's potential for growth and ability to profit from special placement, and recommendations for educational planning.

Also at least one individual achievement test should be administered to determine a specific remediation program whenever the candidate is below expected achievement or grade level. It is recommended that a school social worker or other appropriate person secure an extensive history of the child and his family, including a parental evaluation of the child's present difficulties.

An extensive psychiatric evaluation and medical examination by licensed physicians are also recommended.

HEARING HANDICAPPED

Each pupil having a significant hearing impairment shall have a complete medical examination and hearing evaluation by an audiologist, otologist or otolaryngologist. The report of the examiner should include an explanation of the nature, extent and prognosis of the hearing impairment as well as an assessment of the functional educational level of hearing. An individual psychological examination may be needed if mental retardation or emotional disturbance is suspected.

ORTHOPEDICALLY HANDICAPPED

An evaluation shall be completed by an appropriate physician. The report should include a description of the handicap, an estimate of the child's potential for academic growth and ability to profit from special placement, and recommendations for educational planning. Psychological evaluations may be necessary where mental retardation or emotional disturbance is suspected.

It is recommended that a school social worker or other appropriate person secure an extensive history of the child and his family, including a parental evaluation of the child's present difficulty.

VISUALLY HANDICAPPED

Each district shall require that a thorough ophthalmic examination by an ophthalmologist or optometrist be completed on children who have a visual impairment. Each district should use the standard "Eye Report for Children with Visual Problems" form available from the Office of Programs for the Handicapped, State Department of Education. This eye report includes such necessary information as recommendations, nature, extent and prognosis of the visual problem. An individual psychological examination may be necessary if mental retardation or emotional disturbance is suspected. Every effort should be made to secure the child's family and medical history.

LEARNING DISABILITIES

Candidates must fall within the average or above average range of intelligence or must be judged to possess such potential, based upon findings of a psychological examiner certified by the State Department of Education. The examiner must administer at least one individual intelligence test and at least two other tests of psychological function of the observed difficulty, such as a test for auditory perception, visual perception, or communicative disorders. The examiner should include in his report a description of any noted behavioral problem, the degree to which the child recognizes his problem, an estimate of the child's potential for growth and ability to profit from special placement, and recommendations for educational planning. Also, at least one individual achievement test should be administered to appraise those academic areas in which the candidate is experiencing difficulty.

It is recommended that a school social worker or other appropriate person secure an extensive history of the child and his family, including a parental evaluation of the child's present difficulties, a history of all childhood illnesses, including age of child at the time of illness, symptoms, severity, course and care (such as physician in attendance, or hospitalization).

It is also recommended that when deemed necessary an examination be administered by a licensed physician, neurologist, ophthalmologist, optometrist and/or audiologist.

SPEECH HANDICAPPED

Each district shall require that a complete evaluation by a speech clinician certified by the State Department of Education be completed on those children failing the screening examination. The evaluation instrument should be chosen by the clinician. Areas to be evaluated should include articulation, language, oral peripheral mechanism and others deemed necessary by the clinician.

MULTIPLE HANDICAPPED

Candidates with multiple handicaps should be thoroughly evaluated as described for appropriate types of handicaps. If no program is available specifically for the multiple handicapped, candidates should be placed according to the major handicapping condition.

HOMEBOUND OR HOSPITALIZED

Candidates who because of illness, accident, pregnancy or congenital defect cannot, even with the aid of transportation, be assembled in a school are eligible for homebound or hospital instruction. A licensed physician must state in writing that the student is unable to attend school, even with transportation, but may be expected to profit from instruction given in the home or hospital.

APPENDIX D

FACILITIES FOR HANDICAPPED PUPILS

SELF-CONTAINED CLASSROOM

Classroom space should be of equal size to regular classrooms and located in a regular school building which houses children of similar chronological age.

RESOURCE ROOM

The resource room should be of sufficient size to comfortably accommodate the resource teacher, at least six pupils and any necessary furniture, materials and equipment. It should be located in the school building near the academic area of the pupils to be served. If a portable unit is used, it should be located as near as possible to the academic area of the pupils to be served.

ITINERANT TEACHER CLASSROOM

A room should be provided that is sufficient in size to comfortably accommodate the itinerant teacher, the maximum number of pupils to be served at any given time, and any necessary furniture, materials, and equipment.

SPEECH THERAPY ROOM

Within each school housing a speech therapy program, a room should be provided with adequate space to accommodate the maximum number of pupils to be served at any given time. This room should be free from interruptions and be used solely for speech while the speech clinician is in that building. Adequate materials and equipment should be provided.

DIAGNOSTIC/PRESCRIPTIVE CLASSROOM

Classroom space should be of sufficient size to comfortably accomodate the teacher, at least six pupils and any necessary furniture, materials, and equipment. The room should be located near the academic area of the pupils to be served.

CRISIS ROOM

The crisis room should be of sufficient size to comfortably accommodate the crisis teacher, at least six pupils and any necessary furniture, materials and equipment. It should be located in the school building near the academic area of the pupils to be served.

FACILITIES FOR THE ORTHOPEDICALLY HANDICAPPED

All school buildings which house programs for the Orthopedically Handicapped should meet the standards of "An Act to Require that Those Buildings and Facilities Constructed in the State by the Use of State County or Municipal Funds Shall Adhere to the Principles Prescribed in this Act in Order to Make These Buildings and Facilities Accessible and Usable by the Physically Handicapped" which was signed into law by Governor Russell on May 7, 1963.

1975

Objectives for South Carolina Public Schools

A Five Year Plan

To Provide Appropriate Educational Programs for South Carolina Students With Handicapping Conditions

DEPARTMENT of EDUCATION
SOUTH CAROLINA

A FIVE YEAR PLAN

TO PROVIDE APPROPRIATE EDUCATIONAL PROGRAMS FOR SOUTH CAROLINA STUDENTS WITH HANDICAPPING CONDITIONS

Developed By

Planning Committee for Providing Appropriate Educational Programs
for Students with Handicapping Conditions
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FOREWORD

This planning document and the others in this series comprise a monumental milestone on the road to advancement in South Carolina public education. With its new and unprecedented capacity for research and planning, the State Department of Education has charted the thrusts needed to reach the State Board of Education's "1975 Objectives for South Carolina Public Schools."

The presentation of these plans to the State Board of Education ushers in a new era in educational planning and performance at the State level in South Carolina. The opportunities represented in these plans should have great and enduring impact on the growth and progress of the educational enterprise in our State.

–Cyril B. Busbee
State Superintendent of Education

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1975 OBJECTIVE FOR SOUTH CAROLINA PUBLIC SCHOOLS

MAJOR OBJECTIVE: To develop an adequate educational program for youth with physical, mental or emotional handicapping conditions by 1975.

INTRODUCTION

While programs for handicapped children have experienced rapid growth since 1954, there are gaps in services provided at different academic levels and within areas of handicaps (See Table I).

Table I

NUMBER OF HANDICAPPED PUPILS ENROLLED
IN SPECIAL PUBLIC SCHOOL PROGRAMS DURING 1970-71

Type	Elementary Classes	Secondary Classes	Number of Children
EMH	693	273	14,500
TMH	60	5	650
OH	30	0	300
EH	27	3	300
HH	18	0	180
VH	2	0	100[1]
LD	40	0	400
SH	0[2]	0[2]	13,000
TOTAL	870	281	29,430[3]

[1] This includes resource specialists plus two self-contained classes.

[2] This includes 117 speech therapists.

[3] This does not include pupils on homebound instruction.

The recent upsurge of programs is due to a large extent to federal funding. Programs for the mentally handicapped have experienced the largest growth. Programs for the low incidence groups (i.e. hearing handicapped, orthopedically handicapped, and visually handicapped) have been more difficult to organize because of the lack of concentration of these handicaps in one location. Other factors inherent in this lack of growth involves availability of transportation, trained personnel, and increased cost of facilities.

Programs for the mentally handicapped possess gaps, especially at the secondary level. Adequate educational programs should be sequential from the primary level through the secondary level and should eventuate into job placement.

There are a variety of administrative procedures for educating handicapped children. All are appropriate for select children and all have been tried in the state. Final determination of placement must be based on a comprehensive evaluation. The available types of special programs are as follows:

(1) Self-Contained Classroom - The vast majority of classes in South Carolina are self-contained. This means that the pupils remain with one teacher during the entire day. From eight to fifteen pupils, depending upon the type of handicap, are enrolled in a class. This type of setting appears to work best with the more severe cases at the elementary level in all areas of handicapped. The major disadvantages are (a) that these children are isolated from normal pupils and (b) the cost factor.

(2) Resource Classroom - This approach combines the benefits of the self-contained regular class with the services of a specialist for certain areas of training such as reading and mathematics. This procedure works best with the borderline mentally handicapped, pupils with mild emotional problems, those with learning disabilities, and partially sighted or hard of hearing children. The major advantages are (a) that the pupils can remain with normal children part of the school

day and (b) that this approach requires fewer specialists than would the self-contained special class approach.

(3) Itinerant Teachers - In this approach the teacher moves from school to school to work with children who have special problems. The pupils remain in the regular class and are removed for specified training. This approach is most applicable for children with speech handicaps, visual handicaps, and hearing handicaps.

(4) Diagnostic-Prescriptive Approach - Diagnostic teaching is a school-oriented approach to identifying and delineating certain educational methods and materials which will help children who exhibit problems in learning and/or behavior; to discovering the disposition of learning environment most appropriate to their individual needs; to formulating specific, useful educational prescriptions for such children; and to supporting teachers in initiating such prescriptions. The diagnostic teacher is a specially trained and/or experienced classroom teacher who has been chosen because of interest, training, and experience to function as an educational diagnostician and consultant within the individual school setting. This specially trained teacher works with students who have been referred by other teachers to ascertain educational needs and effectual responses to those needs of children who have not been successful in meeting learning and/or behavioral goals of the school.[4] The advantages of this approach are (a) reduced number of trained personnel, (b) reduced number of classrooms needed, and (c) handicapped children remain in the mainstream of education.

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[4] Robert W. Prouty, Using Diagnostic Teacher Services Effectively, 1969.

(5) *Crisis Teacher Approach* - The "crisis teacher"[5] is one intended to keep the regular classrooms as free from teacher-exhausting, group-disrupting pupils as is possible. This special teacher must understand the curriculum at the school level served, must be quite knowledgeable in remedial teaching techniques and must be skilled in life-space[6] interviewing which is a form of interviewing necessary for the teacher who must handle diverse types of behavior problems. The space provided for the "crisis teacher" may be a small classroom with books and materials of all sorts at hand. To function successfully, the "crisis teacher" needs the cooperation of both the administrative and teaching staff about understanding and helping the deviant child. The most important aspect of this approach is that all the adults who deal with the pupils take part in devising the plan and evolving the strategy which can be attained through special conferences. Regardless of what is accomplished in the special work of the "crisis teacher" with the child, the real purpose is to help the child to get along properly in the regular classroom. The classroom teacher continues to spend more time with the deviant child than the "crisis teacher" and plans for assistance will have to consider her work as well as the time the pupil spends with the "crisis teacher." In summary the "crisis teacher" does not have a regular class or group. The work planned is determined by the individual child's needs, and the child does not have to be certified as any type of special pupil for

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[5] William Morse, "The Crisis Teacher, Public School Provision for the Disturbed pupil", *The University of Michigan School of Education Bulletin*, XXXVII, April 1962, Pages 101-104.

[6] A Special Interview Technique Described by Fritz Redl to Ascertain from the Child the Source of a Child's Difficulty - "The Concept of the Life Space Interview", *American Journal of Orthopsychiatry* XXIX, January 1959, Pages 1-18.

this service. Those children who present baffling difficulties to the "crisis teacher" and school staff can be recommended for psychological or psychiatric study. The key to successful "crisis teaching" is a team approach in the sharing of a problem-solving venture. The school principal, specialists, crisis teacher, and classroom teacher work as a team for "possessiveness and contention are a luxury schools cannot afford."[7]

The proposed five-year plan will utilize all of these approaches in an attempt to (1) provide appropriate educational opportunities for all handicapped pupils, (2) keep more handicapped pupils in the mainstream of education, (3) reduce the number of trained personnel needed, and (4) reduce the number of classrooms needed. While there is a paucity of research demonstrating the superiority of one approach over the other, authorities in special education tend to agree that all of the above approaches are needed for certain children (Dunn, 1963; Kirk, 1961; Bowers, 1969; Prouty, 1969; Cruickshank, 1968; and Nolan, 1968.)

There are six overarching activities which will apply to all areas of handicapping conditions:

1. The State Department of Education will reorganize the Program for Exceptional Children Section into an Office for Handicapped.
2. The State Department of Education will propose enabling legislation designed to implement this plan.
3. The Program for Exceptional Children Staff will suggest administrative procedures for the State Board of Education's approval to include:
   (a) Each district will be required to submit a five-year plan in accord with their needs and priorities. This district

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[7] The University of Michigan School of Education Bulletin, Page 104.

plan will be submitted to the Program for Exceptional Children within one year after approval of the five-year state plan. The Plan must be approved by the Program for Exceptional Children in order for the district to be eligible for State Aid for special education teachers. Guidelines for the district plan will be provided by the Program for Exceptional Children and will include:

(1) Philosophy of the district program for exceptional children.
(2) Survey of exceptional children based on the state incidence figures.
(3) Organization and operation of the district program for exceptional children.
(4) Criteria for eligibility for special education programs.
(5) Provisions for screening, referral, identification, placement, and dismissal of exceptional pupils.
(6) Existing programs for exceptional children.
(7) Proposed programs for exceptional children.
(8) Facilities.
(9) Additional information -- inservice training, federal grants and projects, cooperative agreements with other districts or agencies, curriculum development.
(10) Contact person who serves as coordinator or supervisor of the special education program.

The Program for Exceptional Children will provide each district with a minimum program development plan based on school population.

Also one state-wide meeting of supervisors of special education and/or administrators will be held in June, 1971, to discuss procedures for formulating the district's five-year plan.

(b) A State Advisory Committee will be established composed of persons representing:

(1) Program for Exceptional Children, State Department of Education.

(2) Elementary Education, State Department of Education.
(3) Secondary Education, State Department of Education.
(4) Higher Education.
(5) Vocational Education, State Department of Education.
(6) Vocational Rehabilitation.
(7) Mental Health.
(8) Health Department.
(9) Five members at large.

(c) New units will not be established unless the teacher has a minimum of six hours of college credit in special education. In the case where the teacher does not have a minimum of six hours, the State Department of Education will provide an intensive one-week training period for those teachers.

(d) Each district will initiate an annual pre-school screening session to evaluate all children who plan to enter school the following year and identify those who need special educational services.

(e) The Program for Exceptional Children will initiate a cooperative working relationship with other agencies and service organizations in providing comprehensive services for handicapped children.

4. Public Law 89-10, Title VI and 15% of Title III, designated for handicapped children will be redirected to include:

(a) The initiation of programs for the handicapped.

(b) The training of needed personnel.

(c) The purchase of materials and equipment for programs.

5. The Program for Exceptional Children will provide 10 traineeships per year over the five-year period to train district supervisors and will serve as a clearing house for their

employment. The cost will be $6,000 per year.

6. The Program for Exceptional Children will encourage and aid in the development of training programs through the state.

Even though over 29,000 handicapped pupils are receiving special education, there is a wide discrepancy of services among districts. Meeting the stated objectives in each area of handicap during the next five years will eliminate these discrepancies and provide appropriate educational services for all handicapped children in the state.

Five new vocational education programs for 125 pupils are being developed by the task force on vocational education in occupational training in the five-year plan.

PART I ACTIVITIES

FIRST YEAR ACTIVITIES

Objective for 1971-1972: To increase the number of handicapped pupils enrolled in appropriate educational programs from 29,430 to 36,450 by the completion of the 1971-1972 school year.

Sub-Objective No. 1: To increase the number of educable mentally handicapped pupils enrolled in appropriate educational programs from 14,500 to 17,000 by the completion of the 1971-1972 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 167 classes to serve 2,500 educable mentally handicapped pupils.

Estimated Cost: State Aid for 167 Teachers $935,200

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 167 teachers.

Estimated Cost: $100,200

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 167 classes.

Estimated Cost: $8,350

PRIMARY ACTIVITY B: The Program for Exceptional Children will plan six conferences to assist districts in the development of adequate screening procedures at the time of pre-school registration.

Estimated Cost: No Additional Cost

Sub-Objective No. 2: To increase the number of trainable mentally handicapped pupils enrolled in appropriate educational programs from 650 to 850 by the completion of the 1971-1972 school year.

PRIMARY
ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 20 self-contained classes for 200 trainable mentally handicapped.

Estimated Cost: State Aid for 20 Teachers $112,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of 20 teachers.

Estimated Cost: $12,000

SECONDARY
ACTIVITY 2: The Program for Exceptional Children will provide inservice training for 20 teacher aides to assist in the self-contained classes.

Estimated Cost: No Additional Cost

SECONDARY
ACTIVITY 3: The State Department of Education will provide materials and supplies for 20 classes.

Estimated Cost: $1,000

SECONDARY
ACTIVITY 4: The Program for Exceptional Children will encourage the districts to set up programs which are a part of the school program.

Estimated Cost: No Additional Cost

Sub-Objective No. 3: To increase the number of speech handicapped pupils receiving therapy from 13,000 to 15,000 by the completion of the 1971-1972 school year.

PRIMARY
ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 20 new programs to serve 2,000 speech handicapped pupils.

Estimated Cost: State Aid for 20 Therapists $112,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of 20 new therapists.

Estimated Cost: $12,000

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 20 new speech programs.

Estimated Cost: $1,000

SECONDARY
ACTIVITY 3: The Program for Exceptional Children will provide inservice training for the new therapists.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY B: The Program for Exceptional Children will assist districts in establishing an ongoing program of re-evaluation of speech handicapped pupils.

Estimated Cost: No Additional Cost

Sub-Objective No. 4: To increase the number of emotionally handicapped pupils receiving appropriate educational programs from 300 to 1,000 by the completion of the 1971-1972 school year.

PRIMARY
ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of seven self-contained classes to serve 70 severely emotionally handicapped pupils.

Estimated Cost: State Aid for 7 Teachers $39,200

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of seven teachers of self-contained classes.

Estimated Cost: $4,200

SECONDARY
ACTIVITY 2: The Program for Exceptional Children will provide in-service training for seven teacher aides to assist in the self-contained classes.

Estimated Cost: No Additional Cost

SECONDARY
ACTIVITY 3: The State Department of Education will provide materials and supplies for seven self-contained classes.

Estimated Cost: $350

PRIMARY
ACTIVITY B: The Program for Exceptional Children will assist districts in the establishment of nine resource programs to serve 180 emotionally handicapped pupils.

Estimated Cost: State Aid for 9 Teachers $50,400

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of nine resource teachers.

Estimated Cost: $5,400

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for nine resource classes.

Estimated Cost: $450

PRIMARY
ACTIVITY C: The Program for Exceptional Children will assist districts in the establishment of four crisis programs to serve a minimum of 80 emotionally handicapped children.

Estimated Cost: State Aid for 4 Teachers $22,400

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of four crisis teachers.

Estimated Cost: $2,400

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for four crisis programs.

Estimated Cost: $200

PRIMARY ACTIVITY D: The Program For Exceptional Children will provide services for 400 emotionally handicapped children in regular classes.

Estimated Cost: State Aid for 20 Teachers $112,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 20 diagnostic-prescriptive teachers to serve 20 pupils each.

Estimated Cost: $12,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 20 diagnostic-prescriptive programs.

Estimated Cost: $1,000

SECONDARY ACTIVITY 3: The Program for Exceptional Children will encourage districts to utilize mental health consultants and special services staff members as sources of aid for the regular classroom teachers who work with emotionally handicapped children.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY E: The Program for Exceptional Children will encourage districts to establish pre-school and junior high school screening programs throughout the state to detect emotional problems (as well as other difficulties).

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY F: The Program for Exceptional Children will provide in-service training for administrators and teachers throughout the state.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 1: The Program for Exceptional Children will conduct six workshops in the school districts of the state to inform administrators and teachers on the nature of the emotionally handicapped child and how to identify and manage him in the regular classroom.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 2: The Program for Exceptional Children will publish a pamphlet to promote mental hygiene practices in the schools.

Estimated Cost: Printing $2,000

PRIMARY ACTIVITY G: The Program for Exceptional Children will encourage districts to investigate the juvenile detention homes in each county to ascertain what educational services are being provided.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY H: The Program for Exceptional Children will encourage close working relationships with the elementary and secondary guidance sections of the State Department of Education to enable the emotionally handicapped to receive the services of guidance personnel in the state.

Estimated Cost: No Additional Cost

Sub-Objective No. 5: To increase the number of visually handicapped pupils receiving appropriate educational programs from 100 to 350 by the completion of the 1971-1972 school year.

PRIMARY
ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of twelve programs to serve 250 visually handicapped children.

Estimated Cost: State Aid for 12 Teachers $67,200

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for training twelve teachers of the visually handicapped.

Estimated Cost: $7,200

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for twelve programs.

Estimated Cost: $600

Sub-Objective No. 6: To increase the number of hearing handicapped pupils enrolled in appropriate educational programs from 180 to 500 by the completion of the 1971-1972 school year.

PRIMARY
ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of seven self-contained classes serving 70 pupils.

Estimated Cost: State Aid for 7 Teachers $39,200

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds to train seven teachers.

Estimated Cost: $4,200

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for seven classes.

Estimated Cost: $350

SECONDARY ACTIVITY 3: The Program for Exceptional Children will provide inservice training for seven teachers aides.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY B: The Program for Exceptional Children will set up three conferences to teach Cued Speech to teachers and parents.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY C: The Program for Exceptional Children will conduct two days of inservice training for teachers of the hearing handicapped.

Estimated Cost: $300

PRIMARY ACTIVITY D: The Program for Exceptional Children will assist districts in providing services for 75 pupils through the use of 7 itinerant or resource teachers.

Estimated Cost: State Aid for 7 Teachers $39,200

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of seven teachers.

Estimated Cost: $4,200

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for seven teachers.

Estimated Cost: $350

PRIMARY
ACTIVITY E: The Program for Exceptional Children will assist districts in screening all children in eight counties.

Estimated Cost: No Additional Cost

SECONDARY
ACTIVITY 1: The Program for Exceptional Children will conduct six conferences to train school personnel and county nurses to screen pupils for hearing difficulties.

Estimated Cost: No Additional Cost

SECONDARY
ACTIVITY 2: The Program for Exceptional Children will assist districts in providing in-depth screening for those who need further testing.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY F: The Program for Exceptional Children will assist districts in providing preferential seating for 175 pupils who have mild hearing losses.

Estimated Cost: No Additional Cost

Sub-Objective No. 7: To increase the number of orthopedically handicapped pupils receiving appropriate educational services from 300 to 750 by the completion of the 1971-1972 school year.

PRIMARY
ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of six programs for 90 orthopedically handicapped pupils.

Estimated Cost: State Aid for 6 Teachers $33,600

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds to train two resource teachers and four teachers for self-contained classes.

Estimated Cost: $3,600

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for six classes.

Estimated Cost: $300

PRIMARY
ACTIVITY B: The Program for Exceptional Children will provide two inservice training days for teachers and aides.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY C: The Program for Exceptional Children will assist districts in providing for 360 orthopedically handicapped pupils who are enrolled in regular classes.

Estimated Cost: No Additional Cost

SECONDARY
ACTIVITY 1: The Program for Exceptional Children will provide inservice training for regular classroom teachers who have orthopedically handicapped pupils in their classrooms.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY D: The Program for Exceptional Children will assist districts in making an accurate survey of orthopedically handicapped pupils.

Estimated Cost: No Additional Cost

Sub-Objective No. 8: To increase the number of learning disabilities pupils enrolled in appropriate educational programs from 400 to 1,000 by the completion of the 1971-1972 school year.

PRIMARY
ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of ten self-contained classes to serve 100 pupils with learning disabilities.

Estimated Cost: State Aid for 10 Teachers $36,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for training ten teachers.

Estimated Cost: $6,000

SECONDARY ACTIVITY 2: The Program for Exceptional Children will provide inservice training for ten teacher aides to assist the special class teachers.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 3: The State Department of Education will provide materials and supplies for ten classes.

Estimated Cost: $500

PRIMARY ACTIVITY B: The Program for Exceptional Children will assist districts in the establishment of ten resource programs to serve 200 pupils with learning disabilities.

Estimated Cost: State Aid for 10 Teachers $36,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for training ten teachers.

Estimated Cost: $6,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for ten classes.

Estimated Cost: $500

PRIMARY ACTIVITY C: The Program for Exceptional Children will assist districts in establishing services for 300 pupils with learning disabilities in regular classes.

Estimated Cost: State Aid for 10 Teachers $36,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of ten diagnostic-prescriptive teachers to serve 30 pupils each.

Estimated Cost: $6,000

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for ten classes.

Estimated Cost: $500

SECONDARY
ACTIVITY 3: The Program for Exceptional Children will encourage school districts to provide consultants to work with regular classroom teachers in identifying and remediating the problems of learning disabled children.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY D: The Program for Exceptional Children will conduct three inservice workshops for teachers and administrators.

Estimated Cost: No Additional Cost

SECOND YEAR ACTIVITIES

Objective for 1972-73:	To increase the number of handicapped pupils enrolled in appropriate educational programs from 36,450 to 53,550 by the completion of the 1972-1973 school year.

Sub-Objective No. 1:	To increase the number of educable mentally handicapped pupils enrolled in appropriate educational programs from 17,000 to 20,500 by the completion of the 1972-73 school year.

PRIMARY
ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 50 classes to serve 700 educable mentally handicapped pupils.

Estimated Cost: State Aid for 50 Teachers $280,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide for the training of 50 teachers.

Estimated Cost: $30,000

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 50 classes.

Estimated Cost: $5,000

SECONDARY
ACTIVITY 3: The Program for Exceptional Children will plan 3 conferences to assist districts in the development of these programs.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY B: The Program for Exceptional Children will assist districts in the establishment of 50 resource rooms to serve 1,400 educable mentally handicapped pupils.

Estimated Cost: State Aid for 50 Teachers $280,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide for the training of 50 teachers.

Estimated Cost: $30,000

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 50 classes.

Estimated Cost: $5,000

PRIMARY
ACTIVITY C: The Program for Exceptional Children will assist districts in providing 50 diagnostic/prescriptive programs to serve 1,400 educable mentally handicapped pupils.

Estimated Cost: State Aid for 50 Teachers $280,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide for the training of 50 teachers.

Estimated Cost: $30,000

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 50 classes.

Estimated Cost: $5,000

Sub-Objective No. 2: To increase the number of trainable mentally handicapped pupils enrolled in appropriate educational programs from 850 to 1,200 by the completion of the 1972-1973 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 35 self-contained classes for 350 trainable mentally handicapped pupils.

Estimated Cost: State Aid for 35 teachers $196,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 35 teachers.

Estimated Cost: $21,000

SECONDARY ACTIVITY 2: The Program for Exceptional Children will provide inservice training for 35 teacher aides to assist in the self-contained classes.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 3: The State Department of Education will provide materials and supplies for 35 classes.

Estimated Cost: $3,500

Sub-Objective No. 3: To increase the number of speech handicapped pupils receiving therapy from 15,000 to 19,000 by the completion of the 1972-1973 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 40 new programs to serve 4,000 speech handicapped pupils.

Estimated Cost: State Aid for 40 therapists $224,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 40 new therapists.

Estimated Cost: $24,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 40 new speech programs.

Estimated Cost: $4,000

SECONDARY ACTIVITY 3: The Program for Exceptional Children will provide inservice training for the new therapists.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY B: The Program for Exceptional Children will assist districts in establishing an ongoing program of re-evaluation of speech handicapped pupils.

Estimated Cost: No Additional Cost

Sub-Objective No. 4: To increase the number of emotionally handicapped pupils receiving appropriate educational programs from 1,000 to 8,000 by the completion of the 1972-1973 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 16 self-contained classes to serve 160 severely emotionally handicapped pupils.

Estimated Cost: State Aid for 16 teachers $89,600

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 16 teachers of self-contained classes.

Estimated Cost: $9,600

SECONDARY ACTIVITY 2: The Program for Exceptional Children will provide inservice training for 16 teacher aides to assist in the self-contained classes.

Estimated Cost: No Additional Cost

SECONDARY
ACTIVITY 3: The State Department of Education will provide materials and supplies for 16 self-contained classes.

Estimated Cost: $1,600

PRIMARY
ACTIVITY B: The Program for Exceptional Children will assist districts in the establishment of 20 resource programs to serve 400 emotionally handicapped pupils.

Estimated Cost: State Aid for 20 Teachers $112,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of 20 resource teachers.

Estimated Cost: $12,000

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 20 resource classes.

Estimated Cost: $2,000

PRIMARY
ACTIVITY C: The Program for Exceptional Children will assist districts in the establishment of 20 crisis programs to serve a minimum of 400 emotionally handicapped children.

Estimated Cost: State Aid for 20 Teachers $112,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of 20 crisis teachers.

Estimated Cost: $12,000

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 20 crisis programs.

Estimated Cost: $2,000

PRIMARY
ACTIVITY D: The Program for Exceptional Children will provide services for 400 emotionally handicapped children in regular classes.

Estimated Cost: State Aid for 20 teachers $112,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of 20 diagnostic/prescriptive teachers to serve 20 pupils each.

Estimated Cost: $12,000

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 20 diagnostic/prescriptive programs.

Estimated Cost: $2,000

SECONDARY
ACTIVITY 3: The Program for Exceptional Children will encourage districts to utilize mental health consultants and special services staff members as sources of aid for the regular classroom teachers who work with emotionally handicapped children.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY E: The Program for Exceptional Children will encourage local school districts to conduct research that will determine the effectiveness of the special class, resource room, crisis room, and diagnostic/prescriptive approaches.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY F: The Program for Exceptional Children will conduct inservice training workshops for the regular class teachers who handle the remaining 5,640 pupils.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY G: The Program for Exceptional Children will conduct workshops at

the beginning of the school year for teachers in the special self-contained class, the resource room teachers, the crisis teachers, and the diagnostic/prescriptive teachers.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY H: The Program for Exceptional Children will conduct workshops to explain and encourage the continued use of the mental hygiene pamphlet.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY I: The Program for Exceptional Children will encourage the establishment of additional pre-school and junior high school screening programs to detect emotional problems. .

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY J: The Program for Exceptional Children will encourage school districts to consider the use of Title I funds to train teachers in the area of emotionally handicapped.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY K: The Program for Exceptional Children will investigate laws regarding permanent expulsion of students from the schools within the state to ascertain if a student permanently expelled has any means of obtaining adequate educational services and to see if the State Superintendent of Education has been informed by the school district of the pupil's expulsion.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY L: The Program for Exceptional Children will explore the possibility of obtaining mandatory legislation which would provide educational

funds for those children who are severely emotionally handicapped and cannot be contained in the public school systems of the state. This measure would provide for children diagnosed by a psychiatrist or child psychologist as autistic or severely psychotic.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY M: The Program for Exceptional Children will encourage provisions for adequate educational programs and supportive treatment of children in juvenile detention centers and correctional institutions.

Estimated Cost: No Additional Cost

Sub-Objective No. 5: To increase the number of visually handicapped pupils receiving appropriate educational programs from 350 to 600 by the completion of the 1972-73 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 12 programs to serve 250 visually handicapped children.

Estimated Cost: State Aid for 12 teachers $67,200

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for training 12 teachers of the visually handicapped.

Estimated Cost: $7,200

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 12 programs.

Estimated Cost: $1,200

Sub-Objective No. 6: To increase the number of hearing handicapped pupils enrolled in appropriate educational programs from 500 to 1,000 by the completion of the 1972-1973 school year.

PRIMARY
ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 11 self-contained classes serving 110 pupils.

Estimated Cost: State Aid for 11 teachers $6[illegible],600

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds to train 11 teachers.

Estimated Cost: $6,600

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 11 classes.

Estimated Cost: $1,100

SECONDARY
ACTIVITY 3: The Program for Exceptional Children will provide inservice training for 11 teacher aides.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY B: The Program for Exceptional Children will set up three conferences to teach Cued Speech to teachers and parents.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY C: The Program for Exceptional Children will conduct two days of inservice training for teachers of the hearing handicapped.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY D: The Program for Exceptional Children will assist districts in providing services for 114 pupils through the use of 11 itinerant or resource teachers.

Estimated Cost: State Aid for 11 teachers $61,600

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of 11 teachers.

Estimated Cost: $6,600

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 11 teachers.

Estimated Cost: $1,100

PRIMARY ACTIVITY E: The Program for Exceptional Children will assist districts in screening all children in 10 counties.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 1: The Program for Exceptional Children will conduct six conferences to train school personnel and county nurses to screen pupils for hearing difficulties.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 2: The Program for Exceptional Children will assist districts in providing in-depth screening for those who need further testing.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY F: The Program for Exceptional Children will assist districts in providing preferential seating for 276 pupils who have mild hearing losses.

Estimated Cost: No Additional Cost

Sub-Objective No. 7: To increase the number of orthopedically handicapped pupils receiving appropriate educational services from 750 to 1,250 by the completion of the 1972-1973 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 7 programs for 100 orthopedically handicapped pupils.

Estimated Cost: State Aid for 7 teachers $39,200

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds to train 2 resource teachers and 5 teachers for self-contained classes.

Estimated Cost: $4,200

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 7 classes.

Estimated Cost: $700

PRIMARY
ACTIVITY B: The Program for Exceptional Children will provide two inservice training days for teachers and aides.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY C: The Program for Exceptional Children will assist districts in providing for 400 orthopedically handicapped pupils who are enrolled in regular classes.

Estimated Cost: No Additional Cost

SECONDARY
ACTIVITY 1: The Program for Exceptional Children will provide inservice training for regular classroom teachers who have orthopedically handicapped pupils in their classrooms.

Estimated Cost: No Additional Cost

Sub-Objective No. 8: To increase the number of learning disabilities pupils enrolled in appropriate educational programs from 1,000 to 2,000 by the completion of the 1972-1973 school year.

PRIMARY
ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 10 self-contained classes to serve 100 pupils with learning disabilities.

Estimated Cost: State Aid for 10 teachers $56,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for training 10 teachers.

Estimated Cost: $6,000

SECONDARY
ACTIVITY 2: The Program for Exceptional Children will provide inservice training for 10 teacher aides to assist the special class teachers.

Estimated Cost: No Additional Cost

SECONDARY
ACTIVITY 3: The State Department of Education will provide materials and supplies for 10 classes.

Estimated Cost: $1,000

PRIMARY
ACTIVITY B: The Program for Exceptional Children will assist districts in the establishment of 10 resource programs to serve 200 pupils with learning disabilities.

Estimated Cost: State Aid for teachers $56,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for training 10 teachers.

Estimated Cost: $6,000

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 10 classes.

Estimated Cost: $1,000

PRIMARY
ACTIVITY C: The Program for Exceptional Children will assist districts in establishing services for 700 pupils with learning disabilities in regular classes.

Estimated Cost: State Aid for 10 teachers $56,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the train-

ing of 10 diagnostic/prescriptive teachers.

Estimated Cost: $6,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 10 classes.

Estimated Cost: $1,000

SECONDARY ACTIVITY 3: The Program for Exceptional Children will encourage school districts to provide consultants to work with regular classroom teachers in identifying and remediating the problems of the learning disabled children.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY D: The Program for Exceptional Children will encourage school districts to consider the use of Title I funds to train teachers in the area of learning disabilities.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY E: The Program for Exceptional Children will encourage districts to increase special service staffs as need dictates.

Estimated Cost: No Additional Cost

THIRD YEAR ACTIVITIES

Objective for 1973-1974: To increase the number of handicapped pupils enrolled in appropriate educational programs from 53,550 to 70,550 by the completion of the 1973-1974 school year.

Sub-Objective No. 1: To increase the number of educable mentally handicapped pupils enrolled in appropriate educational programs from 20,500 to 25,500 by the completion of the 1973-1974 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 66 classes to serve 1,000 educable mentally handicapped pupils.

Estimated Cost: State Aid for 66 Teachers $369,600

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 66 teachers.

Estimated Cost: $39,600

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 66 classes.

Estimated Cost: $16,500

SECONDARY ACTIVITY 3: The Program for Exceptional Children will plan three conferences to assist districts in the development of these programs.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY B: The Program for Exceptional Children will assist districts in the establishment of 72 resource rooms to serve 2,000 educable mentally handicapped pupils.

Estimated Cost: State Aid for 72 Teachers $403,200

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 72 teachers.

Estimated Cost: $43,200

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 72 classes.

Estimated Cost: $18,000

PRIMARY ACTIVITY C: The Program for Exceptional Children will assist districts in the establishment of 72 diagnostic/prescriptive programs to serve 2,000 educable mentally handicapped pupils.

Estimated Cost: State Aid for 72 Teachers $403,200

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 72 teachers.

Estimated Cost: $43,200

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 72 classes.

Estimated Cost: $18,000

Sub-Objective No. 2: To increase the number of trainable mentally handicapped pupils enrolled in appropriate educational programs from 1,200 to 1,600 by the completion of the 1973-1974 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 40 self-contained classes for 400 trainable mentally handicapped.

Estimated Cost: State Aid for 40 Teachers $224,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 40 teachers.

Estimated Cost: $24,000

SECONDARY ACTIVITY 2: The Program for Exceptional Children will provide inservice training for 40 teacher aides to assist in the self-contained classes.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 3: The State Department of Education will provide materials and supplies for 40 classes.

Estimated Cost: $10,000

Sub-Objective No. 3: To increase the number of speech handicapped pupils receiving therapy from 19,000 to 24,000 by the completion of the 1973-1974 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 50 new programs to serve 5,000 speech handicapped pupils.

Estimated Cost: State Aid for 50 Therapists $280,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 50 new therapists.

Estimated Cost: $30,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 50 new speech programs.

Estimated Cost: $12,500

SECONDARY ACTIVITY 3: The Program for Exceptional Children will provide inservice training for the new therapists.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY B: The Program for Exceptional Children will assist districts in establishing an ongoing program of re-evaluation of speech handicapped pupils.

Estimated Cost: No Additional Cost

Sub-Objective No. 4: To increase the number of emotionally handicapped pupils receiving appropriate educational programs from 8,000 to 11,000 by the completion of the 1973-1974 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 32 self-contained classes to serve 320 severely emotionally handicapped pupils.

Estimated Cost: State Aid for 32 Teachers $179,200

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 32 teachers of self-contained classes.

Estimated Cost: $19,200

SECONDARY ACTIVITY 2: The Program for Exceptional Children will provide inservice training for 32 teacher aides to assist in the self-contained classes.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 3: The State Department of Education will provide materials and supplies for 32 self-contained classes.

Estimated Cost: $8,000

PRIMARY ACTIVITY B: The Program for Exceptional Children will assist districts in the establishment of 35 resource programs to serve 700 emotionally handicapped pupils.

Estimated Cost: State Aid for 35 Teachers $196,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the train- of 35 resource teachers.

Estimated Cost: $21,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 35 resource classes.

Estimated Cost: $8,750

PRIMARY ACTIVITY C: The Program for Exceptional Children will assist districts in the establishment of 33 crisis programs to serve a minimum of 660 emotionally handicapped children

Estimated Cost: State Aid for 33 Teachers $184,800

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 33 crisis teachers.

Estimated Cost: $19,800

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 33 crisis programs.

Estimated Cost: $8,250

PRIMARY ACTIVITY D: The Program for Exceptional Children will provide services for 800 emotionally handicapped children in regular classes.

Estimated Cost: State Aid for 40 Teachers $224,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 40 diagnostic/prescriptive teachers to serve 20 pupils each.

Estimated Cost: $24,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 40 diagnostic/prescriptive programs.

Estimated Cost: $10,000

SECONDARY ACTIVITY 3: The Program for Exceptional Children will encourage districts to utilize mental health consultants and special services staff members as sources of aid for the regular classroom teachers who work with emotionally handicapped children.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY E: The Program for Exceptional Children will encourage districts to conduct research that will determine the effectiveness of the special class, resource room, crisis room and diagnostic/prescriptive approaches.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY F: The Program for Exceptional Children will encourage districts to require that special service staff members render supportive services to 520 emotionally handicapped children in regular classes.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY G: The Program for Exceptional Children will conduct workshops to explain and encourage the continued use of the mental hygiene pamphlet.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY H: The Program for Exceptional Children will conduct workshops throughout the state on the nature of the emotionally handicapped child and the use of the mental hygiene pamphlet distributed by the State Department of Education.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY I: The Program for Exceptional Children will work closely with the elementary and secondary sections of the State Department of Education to determine availability of adequate materials and guidance services to help the emotionally handicapped pupil.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY J: The Program for Exceptional Children will evaluate already established programs throughout the State to determine if proper educational and behavioral techniques are being utilized.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY K: The Program for Exceptional Children will review what steps have been taken in providing mandatory education for the seriously emotionally handicapped child.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY L: The Program for Exceptional Children will review and determine what has been effected at the State and local school district level to provide for the permanently expelled pupil.

Estimated Cost: No Additional Cost

Sub-Objective No. 5: To increase the number of hearing handicapped pupils enrolled in appropriate educational programs from 1,000 to 2,200 by the completion of the 1973-1974 school year.

PRIMARY
ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 17 self-contained classes serving 172 pupils.

Estimated Cost: State Aid for 17 Teachers $95,200

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds to train 17 teachers.

Estimated Cost: $10,200

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 17 classes.

Estimated Cost: $4,250

SECONDARY
ACTIVITY 3: The Program for Exceptional Children will provide inservice training for 17 teachers and aides.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY B: The Program for Exceptional Children will assist districts in providing services for 172 pupils through the use of 17 itinerant or resource teachers.

Estimated Cost: State Aid for 17 Teachers $95,200

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the train- of 17 teachers.

Estimated Cost: $10,200

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 17 teachers.

Estimated Cost: $4,250

SECONDARY
ACTIVITY 3: The Program for Exceptional Children will provide inservice training for 17 teachers and aides.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY C: The Program for Exceptional Children will plan three conferences to teach Cued Speech to teachers and parents.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY D: The Program for Exceptional Children will assist districts in screening all children in 12 counties.

Estimated Cost: No Additional Cost

SECONDARY
ACTIVITY 1: The Program for Exceptional Children will conduct six conferences to train school personnel and county nurses to screen pupils for hearing difficulties.

Estimated Cost: No Additional Cost

SECONDARY
ACTIVITY 2: The Program for Exceptional Children will assist districts in providing in-depth screening for those who need further testing.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY E: The Program for Exceptional Children will assist districts in providing preferential seating for 856 pupils who have mild hearing losses.

Estimated Cost: No Additional Cost

Sub-Objective No. 6: To increase the number of orthopedically handicapped pupils receiving appropriate educational services from 1,250 to 2,250 by 1973-1974 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 15 programs for 200 orthopedically handicapped pupils.

Estimated Cost: State Aid for 15 Teachers $84,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds to train 5 resource teachers and 10 teachers for self-contained classes.

Estimated Cost: $9,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 15 classes

Estimated Cost: $3,750

PRIMARY ACTIVITY B: The Program for Exceptional Children will provide two inservice training days for teachers and aides.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY C: The Program for Exceptional Children will assist districts in providing for 800 orthopedically handicapped pupils who are enrolled in regular classes.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 1: The Program for Exceptional Children will provide inservice training for regular classroom teachers who have orthopedically handicapped pupils in their classrooms.

Estimated Cost: No Additional Cost

Sub-Objective No. 7: To increase the number of learning disabilities pupils enrolled in appropriate educational programs from 2,000 to 4,000 by the completion of the 1973-1974 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 20 self-contained classes to serve 200 pupils with learning disabilities.

Estimated Cost: State Aid for 20 Teachers $112,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for training 20 teachers.

Estimated Cost: $12,000

SECONDARY ACTIVITY 2: The Program for Exceptional Children will provide inservice training for 10 teacher aides to assist the special class teachers.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 3: The State Department of Education will provide materials and supplies for 20 classes.

Estimated Cost: $3,000

PRIMARY ACTIVITY B: The Program for Exceptional Children will assist districts in the establishment of 20 resource programs to serve 400 pupils with learning disabilities.

Estimated Cost: State Aid for 20 Teachers $112,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for training 20 teachers.

Estimated Cost: $12,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 20 classes.

Estimated Cost: $5,000

PRIMARY ACTIVITY C: The Program for Exceptional Children will assist districts in establishing services for the remaining pupils with learning disabilities in regular classes.

Estimated Cost: State Aid for 20 Teachers $112,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 20 diagnostic/prescriptive teachers.

Estimated Cost: $12,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 20 classes.

Estimated Cost: $5,000

SECONDARY ACTIVITY 3: The Program for Exceptional Children will encourage school districts to provide consultants to work with regular classroom teachers in identifying and remediating the problems of learning disabled children.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY D: The Program for Exceptional Children will publish a brochure concerning the needs and nature of pupils with learning disabilities.

Estimated Cost: $2,000

PRIMARY ACTIVITY E: The Program for Exceptional Children will hold workshops for teachers and administrators throughout the state to discuss the contents of the brochure.

Estimated Cost: No Additional Cost

FOURTH YEAR ACTIVITIES

Objective for 1974-1975: To increase the number of handicapped pupils enrolled in appropriate educational programs from 70,550 to 86,450 by the completion of the 1974-1975 school year.

Sub-Objective No. 1: To increase the number of educable mentally handicapped pupils enrolled in appropriate educational programs from 25,500 to 30,000 by the completion of the 1974-1975 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 60 self-contained classes to serve 900 educable mentally handicapped pupils.

Estimated Cost: State Aid for 60 Teachers $336,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 60 teachers.

Estimated Cost: $36,000

SECONDARY ACTIVITY 2: The State Department of Education will provide funds for materials and supplies for 60 teachers.

Estimated Cost: $15,000

SECONDARY ACTIVITY 3: The Program for Exceptional Children will plan three conferences to assist districts in the development of these programs.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY B: The Program for Exceptional Children will assist districts in the establishment of 64 resource rooms to serve 1800 pupils.

Estimated Cost: State Aid for 64 Teachers $358,400

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 64 teachers.

Estimated Cost: $38,400

SECONDARY ACTIVITY 2: The State Department of Education will provide funds for materials and supplies for 64 teachers.

Estimated Cost: $16,000

PRIMARY ACTIVITY C: The Program for Exceptional Children will assist districts in providing services for 1800 pupils through the establishment of 64 diagnostic/prescriptive programs.

Estimated Cost: State Aid for 64 Programs $358,400

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 64 teachers.

Estimated Cost: $38,400

SECONDARY ACTIVITY 2: The State Department of Education will provide funds for materials and supplies for 64 teachers.

Estimated Cost: $16,000

Sub-Objective No. 2: To increase the number of trainable mentally handicapped pupils enrolled in appropriate educational programs from 1,600 to 1,800 by the completion of the 1974-1975.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist in the establishment of 20 self-contained classes for 200 trainable mentally handicapped.

Estimated Cost: State Aid for 20 Teachers $112,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 20 teachers.

Estimated Cost: $12,000

SECONDARY ACTIVITY 2: The Program for Exceptional Children will provide inservice training for 20 teacher aides to assist in the self-contained classes.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 3: The State Department of Education will provide materials and supplies for 20 classes.

Estimated Cost: $5,000

Sub-Objective No. 3: To increase the number of speech handicapped pupils enrolled in appropriate educational programs from 24,000 to 29,000 by the completion of the 1974-1975 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 50 new programs to serve 5,000 speech handicapped pupils.

Estimated Cost: State Aid for 50 new therapists $280,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of 50 new therapists.

Estimated Cost: $30,000

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 50 new therapists.

Estimated Cost: $12,500

SECONDARY
ACTIVITY 3: The Program for Exceptional Children will provide inservice training for the new therapists.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY B: The Program for Exceptional Children will assist districts in establishing an ongoing program of reevaluation of speech handicapped pupils.

Estimated Cost: No Additional Cost

Sub-Objective No. 4: To increase the number of emotionally handicapped pupils enrolled in appropriate educational programs from 11,000 to 13,000 by the completion of the 1974-1975 school year.

PRIMARY
ACTIVITY A: The Program for Exceptional Children will assist in the establishment of 14 self-contained classes to serve 140 severely emotionally handicapped pupils.

Estimated Cost: State Aid for 14 Teachers $78,400

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for training 14 teachers.

Estimated Cost: $8,400

SECONDARY ACTIVITY 2: The Program for Exceptional Children will provide inservice training for 14 teacher aides to assist in the self-contained classes.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 3: The State Department of Education will provide materials and supplies for 14 classes.

Estimated Cost: $3,500

PRIMARY ACTIVITY B: The State Department of Education will assist in the establishment of 20 resource programs to serve 400 emotionally handicapped pupils.

Estimated Cost: State Aid for 20 Teachers $112,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 20 resource teachers.

Estimated Cost: $12,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 20 resource classes

Estimated Cost: $5,000

PRIMARY ACTIVITY C: The Program for Exceptional Children will assist in the establishment of 16 crisis programs to serve 320 pupils.

Estimated Cost: State Aid for 16 Teachers $89,600

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of 16 crisis teachers.

Estimated Cost: $9,600

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 16 crisis programs.

Estimated Cost: $4,000

PRIMARY
ACTIVITY D: The Program for Exceptional Children will provide services for 1,140 emotionally handicapped children in regular classes.

Estimated Cost: State Aid for 20 teachers $112,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of 20 diagnostic/prescriptive teachers to serve 20 pupils each.

Estimated Cost: $12,000

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 20 diagnostic/prescriptive programs.

Estimated Cost: $5,000

SECONDARY
ACTIVITY 3: The Program for Exceptional Children will encourage districts to utilize mental health consultants and special services staff members as sources of aid for the regular classroom teachers who work with emotionally handicapped children.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY E: The Program for Exceptional Children will encourage local school districts to conduct research that will determine the effectiveness of the special class, resource room, crisis room and diagnostic/prescriptive approaches.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY F: The Program for Exceptional Children will evaluate already established and newly established programs throughout the State to determine if proper educational and behavioral techniques are being utilized.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY G: The Program for Exceptional Children will determine if a 3 percent incidence level is correct in estimating how many emotionally handicapped pupils need to be served. (This procedure could be effected by requiring counties to submit an estimate of the number of children identified as emotionally handicapped and the number of programs set up to meet their needs.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY H: The Program for Exceptional Children will ascertain how many teachers of the emotionally handicapped are certified by 1975 and see that the colleges and universities of the State are providing adequate graduate and undergraduate programs.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY I: The Program for Exceptional Children will determine if the school districts have added adequate special services personnel and consultants during the five-year period.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY J: The Program for Exceptional Children will determine if funds allocated for teacher training programs were sufficient during the five-year planning period.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY K: The Program for Exceptional Children will continue planning at both the State Department level and in the local school districts to provide new and additional services for the emotionally handicapped pupil.

Estimated Cost: No Additional Cost

Sub-Objective No. 5:	To increase the number of hearing handicapped pupils enrolled in appropriate educational programs from 2,200 to 3,800 by the completion of the 1974-1975 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 22 self-contained classes to serve 228 pupils.

Estimated Cost: State Aid for 22 Teachers $123,200

SECONDARY ACTIVITY 1: The State Department of Education will provide funds to train 22 teachers.

Estimated Cost: $13,200

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 22 classes.

Estimated Cost: $5,500

SECONDARY
ACTIVITY 3: The Program for Exceptional Children will provide inservice training for 22 teachers and aides.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY B: The Program for Exceptional Children will set up three conferences to teach Cued Speech to teachers and parents.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY C: The Program for Exceptional Children will assist districts in providing services for 228 pupils through the use of 22 itinerant or resource teachers.

Estimated Cost: State Aid for 22 Teachers $123,200

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of 22 teachers

Estimated Cost: $13,200

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 22 teachers.

Estimated Cost: $5,500

PRIMARY
ACTIVITY D: The Program for Exceptional Children will assist districts in screening all children in 16 counties.

Estimated Cost: No Additional Cost

SECONDARY
ACTIVITY 1: The Program for Exceptional Children will conduct six conferences to train school personnel and county nurses to screen pupils for hearing difficulties.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 2: The Program for Exceptional Children will assist districts in providing in-depth screening for those who need further testing.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY E: The Program for Exceptional Children will assist districts in providing preferential seating for 1,144 pupils who have mild hearing losses.

Estimated Cost: No Additional Cost

Sub-Objective No. 6: To increase the number of orthopedically handicapped pupils enrolled in appropriate educational programs from 2,250 to 2,850 by the completion of the 1974-1975 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 7 programs for 126 orthopedically handicapped pupils.

Estimated Cost: State Aid for 7 Teachers $39,200

SECONDARY ACTIVITY 1: The State Department of Education will provide funds to train three resource teachers to serve 66 pupils and 4 teachers for self-contained classes to serve 60 pupils.

Estimated Cost: $4,200

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 7 classes.

Estimated Cost: $1,750

PRIMARY ACTIVITY B: The Program for Exceptional Children will provide two inservice training days for teachers and aides.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY C: The Program for Exceptional Children will assist districts in providing for 474 orthopedically handicapped pupils who are enrolled in regular classes.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 1: The Program for Exceptional Children will provide inservice training for regular classroom teachers who have orthopedically handicapped pupils in their classrooms.

Estimated Cost: No Additional Cost

Sub-Objective No. 7: To increase the number of learning disabilities pupils enrolled in appropriate educational programs from 4,000 to 6,000 by the completion of the 1974-1975 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of ten self-contained classes to serve 100 pupils with learning disabilities.

Estimated Cost: State Aid for 10 Teachers $56,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for training ten teachers.

Estimated Cost: $6,000

SECONDARY ACTIVITY 2: The Program for Exceptional Children will provide inservice training for ten teacher aides to assist with special class teachers.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 3: The State Department of Education will provide materials and supplies for ten classes.

Estimated Cost: $2,500

PRIMARY ACTIVITY B: The Program for Exceptional Children will provide ten resource programs to serve 200 pupils with learning disabilities.

Estimated Cost: State Aid for 10 Teachers $56,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for training ten teachers.

Estimated Cost: $6,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for ten classes.

Estimated Cost: $2,500

PRIMARY ACTIVITY C: The Program for Exceptional Children will assist districts in establishing services in regular classes for the remaining pupils with learning disabilities.

Estimated Cost: State Aid for 20 Teachers $112,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 20 diagnostic/prescriptive teachers.

Estimated Cost: $12,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 20 programs.

Estimated Cost: $5,000

SECONDARY ACTIVITY 3: The Program for Exceptional Children will encourage school districts to support regular classroom teachers serving learning disabled children with special consultants and members of the Special Service Staff.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY D: The Program for Exceptional Children will evaluate existing learning disabilities programs to determine what changes, if any, should be made in the future.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY E: The Program for Exceptional Children will determine whether a 1% incidence level is correct for estimating the number of adequate programs needed to serve the learning disabled child.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY F: The Program for Exceptional Children will ascertain how many teachers of the learning disabled are certified by 1975 and determine whether or not colleges in the state are providing adequate training programs for teachers at graduate and undergraduate levels.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY G: The Program for Exceptional Children will determine if the school districts have added adequate special services and consultants during the five-year planning period.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY H: The Program for Exceptional Children will determine if funds allocated for teacher training programs were sufficient during the five-year planning period.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY I: The Program for Exceptional Children will continue planning a both the State Department of Education level and in the local school districts to provide new and additional programs for the learning disabled.

Estimated Cost: No Additional Cost

FIFTH YEAR ACTIVITIES

Objective for 1975-1976: To increase the number of handicapped pupils enrolled in appropriate educational programs from 86,450 to 104,000 by the completion of the 1975-1976 school year.

Sub-Objective No. 1: To increase the number of educable mentally handicapped pupils enrolled in appropriate educational programs from 30,000 to 33,500 by the completion of the 1975-1976 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 50 classes to serve 700 educable mentally handicapped pupils.

Estimated Cost: State Aid for 50 Teachers $280,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 50 teachers.

Estimated Cost: $30,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 50 classes.

Estimated Cost: $25,000

SECONDARY ACTIVITY 3: The Program for Exceptional Children will plan three conferences to assist districts in the development of these programs.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY B: The Program for Exceptional Children will assist districts in the establishment of 50 resource programs to serve 1,400 educable mentally handicapped pupils.

Estimated Cost: State Aid for 50 Teachers $280,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of 50 resource teachers.

Estimated Cost: $30,000

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 50 resource classes.

Estimated Cost: $25,000

PRIMARY
ACTIVITY C: The Program for Exceptional Children will assist districts in the establishment of 50 diagnostic/prescriptive programs to serve a minimum of 1,400 educable mentally handicapped pupils.

Estimated Cost: State Aid for 50 Teachers $280,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of 50 teachers.

Estimated Cost: $30,000

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 50 diagnostic/prescriptive programs.

Estimated Cost: $25,000

Sub-Objective No. 2: To increase the number of trainable mentally handicapped pupils enrolled in appropriate educational programs from 1,800 to 2,000 by the completion of the 1975-1976 school year.

PRIMARY
ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 20 self-contained classes for 200 trainable mentally handicapped pupils.

Estimated Cost: State Aid for 20 Teachers $112,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of 20 teachers.

Estimated Cost: $12,000

SECONDARY
ACTIVITY 2: The Program for Exceptional Children will provide inservice training for 20 teacher aides to assist in the self-contained classes.

Estimated Cost: No Additional Cost

SECONDARY
ACTIVITY 3: The State Department of Education will provide materials and supplies for 20 classes.

Estimated Cost: $10,000

Sub-Objective No. 3: To increase the number of speech handicapped pupils receiving therapy from 29,000 to 33,500 by the completion of the 1975-1976 school year.

PRIMARY
ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 45 new programs to serve 4,500 speech handicapped pupils.

Estimated Cost: State Aid for 45 Therapists $252,000

SECONDARY
ACTIVITY 1: The State Department of Education will provide funds for the training of 45 new therapists.

Estimated Cost: $27,000

SECONDARY
ACTIVITY 2: The State Department of Education will provide materials and supplies for 45 new speech programs.

Estimated Cost: $22,500

SECONDARY
ACTIVITY 3: The Program for Exceptional Children will provide inservice training for the new therapists.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY B: The Program for Exceptional Children will assist districts in establishing an ongoing program of re-evaluation of speech handicapped pupils.

Estimated Cost: No Additional Cost

Sub-Objective No. 4: To increase the number of emotionally handicapped pupils receiving appropriate educational programs from 13,000 to 20,000 by the completion of the 1975-1976 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 16 self-contained classes to serve 160 severely emotionally handicapped pupils.

Estimated Cost: State Aid for 16 Teachers $89,600

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 16 teachers.

Estimated Cost: $9,600

SECONDARY ACTIVITY 2: The Program for Exceptional Children will provide in-service training for 16 teacher aides to assist in the self-contained classes.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 3: The State Department of Education will provide materials and supplies for 16 self-contained classes.

Estimated Cost: $8,000

PRIMARY ACTIVITY B: The Program for Exceptional Children will assist districts in the establishment of 15 resource programs to serve 300 emotionally handicapped pupils.

Estimated Cost: State Aid for 15 Teachers $84,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 15 resource teachers.

Estimated Cost: $9,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 15 resource classes.

Estimated Cost: $7,500

PRIMARY ACTIVITY C: The Program for Exceptional Children will assist districts in the establishment of 13 crisis programs to serve a minimum of 260 emotionally handicapped pupils.

Estimated Cost: State Aid for 13 Teachers $72,800

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 13 crisis teachers.

Estimated Cost: $7,800

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 13 crisis programs.

Estimated Cost: $6,500

PRIMARY ACTIVITY D: The Program for Exceptional Children will provide services for 400 emotionally handicapped children in regular classes.

Estimated Cost: State Aid for 20 Teachers $112,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 20 diagnostic/prescriptive teachers.

Estimated Cost: $12,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 20 diagnostic-prescriptive programs.

Estimated Cost: $10,000

SECONDARY ACTIVITY 3: The Program for Exceptional Children will encourage districts to utilize mental health consultants and special services staff members as sources of aid for the regular classroom teachers who work with emotionally handicapped children.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY E: The Program for Exceptional Children will encourage districts to establish additional pre-school and junior high school screening programs throughout the state to detect emotional problems (as well as other difficulties).

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY F: The Program for Exceptional Children will conduct in-service training workshops for the regular class teachers who handle the remaining 5,880 pupils.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY G: The Program for Exceptional Children will conduct workshops at the beginning of the school year for teachers in the special self-contained class, the resource room teachers, the crisis teachers, and the diagnostic/prescriptive teachers.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY H: The Program for Exceptional Children will encourage local school districts to conduct research that will determine the effectiveness of the special class, resource room, crisis room and diagnostic/

prescriptive approaches.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY I: The Program for Exceptional Children will conduct workshops to explain and encourage the continued use of the mental hygiene pamphlet.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY J: The Program for Exceptional Children will encourage school districts to consider the use of Title I funds to train teachers in the area of emotionally handicapped.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY K: The Program for Exceptional Children will investigate laws regarding permanent expulsion of students from the schools within the state to ascertain if a student permanently expelled has any means of obtaining adequate educational services and to see if the State Superintendent of Education has been informed by the school district of the pupil's expulsion.

Estimated Cost: No Additional Cost

PRIMARY
ACTIVITY L: The Program for Exceptional Children will explore the possibility of obtaining mandatory legislation which would provide educational funds for those children who are severely emotionally handicapped and cannot be contained in the public school systems of the state.

This measure would provide for children diagnosed by a psychiatrist or child psychologist as autistic or severely psychotic.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY M: The Program for Exceptional Children will encourage provisions for adequate educational programs and supportive treatment of children in juvenile detention centers and correctional institutions.

Estimated Cost: No Additional Cost

Sub-Objective No. 5: To increase the number of hearing handicapped pupils enrolled in appropriate educational programs from 3,800 to 4,600 by the completion of the 1975-1976 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 11 self-contained classes serving 114 hearing handicapped pupils.

Estimated Cost: State Aid for 11 Teachers $61,600

SECONDARY ACTIVITY 1: The State Department of Education will provide funds to train 11 teachers.

Estimated Cost: $6,600

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 11 classes.

Estimated Cost: $5,500

SECONDARY ACTIVITY 3: The Program for Exceptional Children will provide inservice training for teachers and aides.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY B: The Program for Exceptional Children will set up three conferences to teach Cued Speech to teachers and parents.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY C: The Program for Exceptional Children will assist districts in providing services for 114 hearing handicapped pupils through the use of 11 itinerant or resource teachers.

Estimated Cost: State Aid for 11 Teachers $61,600

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of 11 teachers.

Estimated Cost: $6,600

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for 11 classes.

Estimated Cost: $5,500

PRIMARY ACTIVITY D: The Program for Exceptional Children will assist districts in screening all children in 16 additional counties.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 1: The Program for Exceptional Children will conduct six conferences to train school personnel and county nurses to screen pupils for hearing difficulties.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 2: The Program for Exceptional Children will assist districts in providing in-depth screening.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY E: The Program for Exceptional Children will assist districts in providing preferential seating for 572 pupils who have mild hearing losses.

Estimated Cost: No Additional Cost

Sub-Objective No. 6: To increase the number of orthopedically handicapped pupils receiving appropriate educational services from 2,850 to 3,400 by the completion of the 1975-1976 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of 6 programs for 122 orthopedically handicapped pupils.

Estimated Cost: State Aid for 6 Teachers $33,600

SECONDARY ACTIVITY 1: The State Department of Education will provide funds to train 2 resource teachers and 4 teachers for self-contained classes.

Estimated Cost: $3,600

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for six classes.

Estimated Cost: $3,000

PRIMARY ACTIVITY B: The Program for Exceptional Children will provide two inservice training days for teachers and aides.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY C: The Program for Exceptional Children will assist districts in providing for 428 orthopedically handicapped pupils who are enrolled in regular classes.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 1: The Program for Exceptional Children will provide inservice training for regular classroom teachers who have orthopedically handicapped pupils in their classrooms.

Estimated Cost: No Additional Cost

Sub-Objective No. 7: To increase the number of learning disabilities pupils enrolled in appropriate educational programs from 6,000 to 7,000 by the completion of the 1975-1976 school year.

PRIMARY ACTIVITY A: The Program for Exceptional Children will assist districts in the establishment of ten self-contained classes to serve 100 pupils with learning disabilities.

Estimated Cost: State Aid for 10 Teachers $56,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for training ten teachers.

Estimated Cost: $6,000

SECONDARY ACTIVITY 2: The Program for Exceptional Children will provide inservice training for ten teacher aides to assist the special class teachers.

Estimated Cost: No Additional Cost

SECONDARY ACTIVITY 3: The State Department of Education will provide materials and supplies for ten classes.

Estimated Cost: $5,000

PRIMARY ACTIVITY B: The Program for Exceptional Children will assist districts in the establishment of ten resource programs to serve 200 pupils with learning disabilities.

Estimated Cost: State Aid for 10 Teachers $56,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for training ten teachers.

Estimated Cost: $6,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for ten classes.

Estimated Cost: $5,000

PRIMARY ACTIVITY C: The Program for Exceptional Children will assist districts in establishing services for the remaining children with learning disabilities in regular classes through the use of ten diagnostic/prescriptive teachers.

Estimated Cost: State Aid for 10 Teachers $56,000

SECONDARY ACTIVITY 1: The State Department of Education will provide funds for the training of ten diagnostic-prescriptive teachers.

Estimated Cost: $6,000

SECONDARY ACTIVITY 2: The State Department of Education will provide materials and supplies for ten classes.

Estimated Cost: $5,000

SECONDARY ACTIVITY 3: The Program for Exceptional Children will encourage local districts to support regular classroom teachers serving learning disabled pupils with special consultants and members of the Special Services staff.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY D: The Program for Exceptional Children will encourage school districts to consider the use of Title I funds to train teachers in the area of learning disabilities.

Estimated Cost: No Additional Cost

PRIMARY ACTIVITY E: The Program for Exceptional Children will encourage districts to increase special services staffs as need dictates.

Estimated Cost: No Additional Cost

PART II EVALUATION

Essential to the concept of long-range planning and management by objectives is the process of evaluating the results of the expenditures of effort and money. The purpose of evaluation is twofold -- the collected data will indicate the extent to which objectives have been met and will provide a more rational basis for determining what should be done in future planning for meeting critical needs.

The evaluation strategy for this document will generate data relevant to both the product (extent to which the objective was met) and process (how the objective was met).

Product evaluation will be carried out by identifying the methodology, including, where appropriate, identification of specific testing instruments to be used in measuring the extent to which each objective and sub-objective is met. The methodology statement will include a specific time schedule to be followed through each evaluation process.

Evaluation models will be used to measure the effectiveness of selected activities included in the five-year plans. These models, which initiate a system of process evaluation, will be based on specific activities that appear in some of the five-year plans.

A strategy for generating evaluation data relating to the appropriateness and effectiveness of the operational procedures and activities of this document will be developed and will constitute a second phase of the total evaluation strategy. The data generated will be used in revising and refining the administrative procedures and activities of this document.

OBSERVATIONS, RECOMMENDATIONS AND DEFINITIONS

1. It is assumed that data provided to this committee is systematically accurate. However, this must remain an assumption since there has been no comprehensive verification of enrollment data.
2. For purposes of this evaluation, an "appropriate educational program" for children with a given handicap is defined as a program which exhibits each characteristic identified by the State Department of Education for that specific disability program.
3. A pupil receiving "therapy" implies that the person is in an environment which exhibits, both from the standpoint of physical and social characteristics, the unique combination of qualities specified by the State Department of Education for pupils with that specific disability.
4. A person who "receives appropriate educational services" is a pupil who is provided with motivational and/or instructional influences in accordance with the defined characteristics of these specific programs. It is presumed that a complete specification of the influences on the child who "receives appropriate educational services" does exist and that this specification will serve as a basis for inclusion or exclusion of specific children in specific programs from the enrollment totals.
5. The Cumulative Report of Local School Principal to County and State Superintenden will be modified so that all pupils with a handicapping condition (as described in No. 4 above) who are served through these programs will be identified. This report will be modified so that the "grade" classification includes only the students who are not handicapped. Handicapped children, whether they are in a class composed only of handicapped children or not, should be added to the "special" portion of this report.

6. The "special" classification of the Cumulative Report of Local School Principal to County and State Superintendent will be expanded to provide a place for the entry of speech handicapped children.

STATUS (BENCH MARK DATA)

The numbers of educable mentally retarded children and children with learning disabilities are derived from the number of teachers employed and an estimate of the average number of children served by each teacher. The numbers of children in other disability classifications are derived from data sources which indicate actual student enrollment.

CRITERIA

1. The enrollment of students in each program for the handicapped will be determined.
2. Data for these enrollment measures will be based on the revised instrument used to collect the ten-day enrollment during the sixth thirty-day reporting period.
3. Each group of students who are receiving either a special program in a special class or students who suffer from the same disability but are in a class with nonhandicapped students will constitute a population to be determined by a statewide summation of all children possessing the same disability who are enrolled in the public schools at the end of the 1972 school year.
4. On August 1, 1972, data will be obtained from the Office of Research which provides total enrollments of students in the public schools in each disability category.

DISCREPANCY

The differences between the criteria (projected enrollment goals) and the new status (actual enrollment by disability) will be placed into the following format by program objective.

RESTATEMENT OF OBJECTIVES

Sub-objective No.1: To increase the number of Educable Mentally Handicapped pupils enrolled in appropriate educational programs from 14,500 to 17,000 by the completion of the 1971-72 school year.

1970-71 Data Base Enrollment Old Status)	1971-72 Enrollment Objective (Criteria)	1971-72 Level of Achievement (New Status)	Discrepancy (Criteria-New Status)
14,500	17,000		

Sub-objective No.2: To increase the number of Trainable Mentally Handicapped pupils enrolled in appropriate educational programs from 650 to 850 by the completion of the 1971-72 school year.

1970-71 Data Base Enrollment (Old Status)	1971-72 Enrollment Objective (Criteria)	1971-72 Level Of Achievement (New Status)	Discrepancy (Criteria-New Status)
650	850		

Sub-objective No. 3: To increase the number of Speech Handicapped pupils receiving therapy from 13,000 to 15,000 by the completion of the 1971-1972 school year.

1970-71 Data Base Enrollment (Old Status)	1971-72 Enrollment Objective (Criteria)	1971-72 Level of Achievement (New Status)	Discrepancy (Criteria-New Status)
13,000	15,000		

Sub-objective No.4: To increase the number of Emotionally Handicapped pupils receiving appropriate educational programs from 300 to 1,000 by the completion of the 1971-1972 school year.

1970-71 Data Base Enrollment (Old Status)	1971-72 Enrollment Objective (Criteria)	1971-72 Level of Achievement (New Status)	Discrepancy (Criteria-New Status)
300	1,000		

Sub-objective No.5: To increase the number of Visually Handicapped pupils receiving appropriate educational programs from 100 to 350 by the completion of the 1971-72 school year.

1970-71 Data Base Enrollment (Old Status)	1971-72 Enrollment Objective (Criteria)	1971-72 Level of Achievement (New Status)	Discrepancy (Criteria-New Status)
100	350	______	______

Sub-objective No.6: To increase the number of Hearing Handicapped pupils enrolled in appropriate educational programs from 180 to 500 by the completion of the 1971-1972 school year.

1970-71 Data Base Enrollment (Old Status)	1971-72 Enrollment Objective (Criteria)	1971-72 Level of Achievement (New Status)	Discrepancy (Criteria-New Status)
180	500	______	______

Sub-objective No.7: To increase the number of Orthopedically Handicapped pupils receiving appropriate educational services from 300 to 750 by the completion of the 1971-1972 school year.

1970-71 Data Base Enrollment (Old Status)	1971-72 Enrollment Objective (Criteria)	1971-72 Level of Achievement (New Status)	Discrepancy (Criteria-New Status)
300	750	______	______

Sub-objective No.8: To increase the number of pupils with Learning Disabilities enrolled in appropriate educational programs from 400 to 1,000 by the completion of the 1971-1972 school year.

1970-71 Data Base Enrollment (Old Status)	1971-72 Enrollment Objective (Criteria)	1971-72 Level of Achievement (New Status)	Discrepancy (Criteria-New Status)
400	1,000	______	______

ADDENDUM

A mid-year evaluation of the success of this program will be based on data from the second thirty-day Cumulative Report of Local School Principal to County and State Superintendent. By January 21, 1972 data from the second thirty-day accounting period will be available in the Office of Research. A simple summation of the number of students enrolled as shown by each disability classification in the modified Cumulative Report will be summed for a statewide total. A projection from the increase in enrollment during the first half of the school year to increases in enrollment for the full school year will be included in the mid-year evaluation report. This evaluation will be completed by February 1, 1972.

PART III INVESTMENT PLAN

The effective utilization of existing resources, both personnel and monies, and the availability of the requested additional funds are essential to the implementation of the activities included in this five-year plan. In developing activities for meeting the major objective during the first year, it was necessary to select alternative solutions that appear to be economically feasible and which can be implemented with current resources. Continued, expanded, and new activities in subsequent years were selected contingent upon effective and efficient utilization of existing resources and anticipated new revenue.

The investment plan includes an estimate of the cost for each activity and the source or sources of funds that may be used. The estimated cost for teacher salaries is based on 1970-1971 state aid. Other estimates are based on 1970-1971 costs.

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS				
			State Funds		Other Funds		
			Current	New	PL 91-230	Title VI	
Objective 1971-72							
Sub-Objective No. 1	A	935,200	467,600	467,600			
	A-1	100,200			50,000	50,200	
	A-2	8,350				8,350	
Sub-Objective No. 2	A	112,000	28,000	84,000			
	A-1	12,000				12,000	
	A-3	1,000				1,000	
Sub-Objective No. 3	A	112,000		112,000			
	A-1	12,000				12,000	
	A-2	1,000				1,000	
Sub-Objective No. 4	A	39,200	9,800	29,400			
	A-1	4,200			4,200		
	A-3	350				350	
	B	50,400	12,600	37,800			
	B-1	5,400				5,400	
	B-2	450				450	
	C	22,400	5,600	16,800			

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS				
			State Funds		Other Funds		
			Current	New	PL 91-230	Title VI	
	C-1	2,400			2,400		
	C-2	200				200	
	D	112,000	28,000	84,000			
	D-1	12,000			6,000	6,000	
	D-2	1,000				1,000	
	F-2	2,000				2,000	
Sub-Objective No. 5	A	67,200	16,800	50,400			
	A-1	7,200				7,200	
	A-2	600				600	
Sub-Objective No. 6	A	39,200	9,800	29,400			
	A-1	4,200			4,200		
	A-2	350				350	
	C	300				300	
	D	39,200	9,800	29,400			
	D-1	4,200			4,200		
	D-2	350				350	
Sub-Objective No. 7	A	33,600	8,400	25,200			

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS				
			State Funds		Other Funds		
			Current	New	PL 91-230	Title VI	
	A-1	3,600				3,600	
	A-2	300				300	
Sub-Objective No. 8	A	56,000	14,000	42,000			
	A-1	6,000			6,000		
	A-3	500				500	
	B	56,000	14,000	42,000			
	B-1	6,000			3,000	3,000	
	B-2	500				500	
	C	56,000	14,000	42,000			
	C-1	6,000				6,000	
	C-2	500				500	
TOTAL		1,933,550	638,400	1,092,000	80,000	123,150	
Objective 1972-73							
Sub-Objective No. 1	A	280,000	140,000	140,000			
	A-1	30,000			15,000	15,000	
	A-2	5,000				5,000	

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS				
			State Funds		Other Funds		
			Current	New	PL 91-230	Title VI	
	B	280,000	186,667	93,333			
	B-1	30,000			15,000	15,000	
	B-2	5,000				5,000	
	C	280,000	186,667	93,333			
	C-1	30,000				30,000	
	C-2	5,000				5,000	
Sub-Objective No. 2	A	196,000	49,000	147,000			
	A-1	21,000			21,000		
	A-3	3,500	3,500				
Sub-Objective No. 3	A	224,000		224,000			
	A-1	24,000				24,000	
	A-2	4,000				4,000	
Sub-Objective No. 4	A	89,600	22,400	67,200			
	A-1	9,600			4,800	4,800	
	A-3	1,600	1,600				
	B	112,000	56,000	56,000			
	B-1	12,000			12,000		

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS				
			State Funds		Other Funds		
			Current	New	PL 91-230	Title VI	
	B-2	2,000	2,000				
	C	112,000	56,000	56,000			
	C-1	12,000				12,000	
	C-2	2,000	2,000				
	D	112,000	56,000	56,000			
	D-1	12,000				12,000	
	D-2	2,000	2,000				
Sub-Objective No. 5	A	67,200		67,200			
	A-1	7,200			3,600	3,600	
	A-2	1,200	1,200				
Sub-Objective No. 6	A	61,600	15,400	46,200			
	A-1	6,600			3,600	3,000	
	A-2	1,100	1,100				
	D	61,600		61,600			
	D-1	6,600			3,600	3,000	
	D-2	1,100	1,100				

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS				
			State Funds		Other Funds		
			Current	New	PL 91-230	Title VI	
Sub-Objective No. 7	A	39,200	19,600	19,600			
	A-1	4,200			4,200		
	A-2	700	350			350	
Sub-Objective No. 8	A	56,000	14,000	42,000			
	A-1	6,000				6,000	
	A-3	1,000				1,000	
	B	56,000	28,000	28,000			
	B-1	6,000				6,000	
	B-2	1,000				1,000	
	C	56,000	28,000	28,000			
	C-1	6,000				6,000	
	C-2	1,000				1,000	
TOTAL		2,343,600	872,584	1,225,466	82,800	162,750	
Objective 1973-74							
Sub-Objective No. 1	A	369,600	184,800	184,800			
	A-1	39,600			19,800	19,800	

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS				
			State Funds		Other Funds		
			Current	New	PL 91-230	Title VI	
	A-2	16,500				16,500	
	B	403,200	201,600	201,600			
	B-1	43,200			21,600	21,600	
	B-2	18,000				18,000	
	C	403,200	201,600	201,600			
	C-1	43,200				43,200	
	C-2	18,000				18,000	
Sub-Objective No. 2	A	224,000		224,000			
	A-1	24,000				24,000	
	A-3	10,000				10,000	
Sub-Objective No. 3	A	280,000		280,000			
	A-1	30,000				30,000	
	A-2	12,500				12,500	
Sub-Objective No. 4	A	179,200	44,800	134,400			
	A-1	19,200				19,200	
	A-3	8,000				8,000	
	B	196,000	49,000	147,000			

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS				
			State Funds		Other Funds		
			Current	New	PL 91-230	Title VI	
	B-1	21,000				21,000	
	B-2	8,750				8,750	
	C	184,800	46,200	138,600			
	C-1	19,800				19,800	
	C-2	8,250				8,250	
	D	224,000	56,000	168,000			
	D-1	24,000				24,000	
	D-2	10,000				10,000	
Sub-Objective No. 5	A	95,200	23,800	71,400			
	A-1	10,200			10,200		
	A-2	4,250			4,250		
	B	95,200	23,800	71,400			
	B-1	10,200			10,200		
	B-2	4,250				4,250	
Sub-Objective No. 6	A	84,000	21,000	63,000			
	A-1	9,000				9,000	
	A-2	3,750				3,750	

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS				
			State Funds		Other Funds		
			Current	New	PL 91-230	Title VI	
Sub-Objective No. 7	A	112,000	28,000	84,000			
	A-1	12,000			12,000		
	A-3	5,000				5,000	
	B	112,000	28,000	84,000			
	B-1	12,000			6,000	6,000	
	B-2	5,000				5,000	
	C	112,000	28,000	84,000			
	C-1	12,000				12,000	
	C-2	5,000				5,000	
	D	2,000				2,000	
TOTAL		3,543,050	936,600	2,137,800	84,050	384,600	
Objective 1974-1975							
Sub-Objective No. 1	A	336,000	168,000	168,000			
	A-1	36,000			18,000	18,000	
	A-2	15,000				15,000	
	B	358,400	179,200	179,200			

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS			
			State Funds		Other Funds	
			Current	New	PL 91-230	Title VI
	B-1	38,400			19,200	19,200
	B-2	16,000				16,000
	C	358,400	179,200	179,200		
	C-1	38,400			19,200	19,200
	C-2	16,000				16,000
Sub-Objective No. 2	A	112,000	28,000	84,000		
	A-1	12,000				12,000
	A-3	5,000				5,000
Sub-Objective No. 3	A	280,000		280,000		
	A-1	30,000				30,000
	A-2	12,500				12,500
Sub-Objective No. 4	A	78,400	19,600	58,800		
	A-1	8,400			8,400	
	A-3	3,500				3,500
	B	112,000	28,000	84,000		
	B-1	12,000			12,000	
	B-2	5,000				5,000

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS				
			State Funds		Other Funds		
			Current	New	PL 91-230	Title VI	
	C	89,600	22,400	67,200			
	C-1	9,600			3,000	6,600	
	C-2	4,000				4,000	
	D	112,000	28,000	84,000			
	D-1	12,000				12,000	
	D-2	5,000				5,000	
Sub-Objective No. 5	A	123,200	30,800	92,400			
	A-1	13,200				13,200	
	A-2	5,500				5,500	
	C	123,200	30,800	92,400			
	C-1	13,200				13,200	
	C-2	5,500				5,500	
Sub-Objective No. 6	A	39,200	19,600	19,600			
	A-1	4,200				4,200	
	A-2	1,750				1,750	
Sub-Objective No. 7	A	56,000	14,000	42,000			
	A-1	6,000				6,000	

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS				
			State Funds		Other Funds		
			Current	New	PL 91-230	Title VI	
	A-3	2,500				2,500	
	B	56,000	14,000	42,000			
	B-1	6,000				6,000	
	B-2	2,500				2,500	
	C	112,000	28,000	84,000			
	C-1	12,000				12,000	
	C-2	5,000				5,000	
TOTAL		2,702,550	789,600	1,556,800	79,800	276,350	
Objective 1975-76							
Sub-Objective No. 1	A	280,000	140,000	140,000			
	A-1	30,000			15,000	15,000	
	A-2	25,000				25,000	
	B	280,000	186,667	93,333			
	B-1	30,000			15,000	15,000	
	B-2	25,000				25,000	
	C	280,000	186,667	93,333			

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS				
			State Funds		Other Funds		
			Current	New	PL 91-230	Title VI	
	C-1	30,000				30,000	
	C-2	25,000				25,000	
Sub-Objective No. 2	A	112,000	28,000	84,000			
	A-1	12,000				12,000	
	A-3	10,000				10,000	
Sub-Objective No. 3	A	252,000	252,000				
	A-1	27,000				27,000	
	A-2	22,500				22,500	
Sub-Objective No. 4	A	89,600	49,800	39,800			
	A-1	9,600				9,600	
	A-3	8,000				8,000	
	B	84,000	42,000	42,000			
	B-1	9,000				9,000	
	B-2	7,500				7,500	
	C	72,800	36,400	36,400			
	C-1	7,800				7,800	
	C-2	6,500				6,500	

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

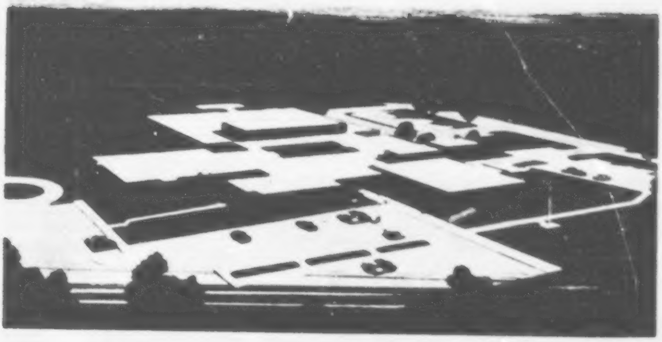
OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS				
			State Funds		Other Funds		
			Current	New	PL 91-230	Title VI	
	D	112,000		112,000			
	D-1	12,000			12,000		
	D-2	10,000				10,000	
Sub-Objective No. 5	A	61,600	15,400	46,200			
	A-1	6,600			6,600		
	A-2	5,500				5,500	
	C	61,600	15,400	46,200			
	C-1	6,600				6,600	
	C-2	5,500				5,500	
Sub-Objective No. 6	A	33,600	16,800	16,800			
	A-1	3,600			3,600		
	A-2	3,000				3,000	
Sub-Objective No. 7	A	56,000	28,000	28,000			
	A-1	6,000				6,000	
	A-3	5,000				5,000	
	B	56,000	28,000	28,000			
	B-1	6,000				6,000	

FIVE YEAR INVESTMENT PLAN
ESTIMATED COST AND SOURCE OF FUNDS

OBJECTIVES AND SUB-OBJECTIVES	ACTIVITY	ESTIMATED COST	SOURCE OF FUNDS				
			State Funds		Other Funds		
			Current	New	PL 91-230	Title VI	
	B-2	5,000				5,000	
	C	56,000		56,000			
	C-1	6,000				6,000	
	C-2	5,000				5,000	
TOTAL		2,257,900	1,025,134	862,066	52,200	318,500	

The

Charles Lea Center



Spartanburg South Carolina

THE CHARLES LEA CENTER

FOR REHABILITATION AND SPECIAL EDUCATION, INC.

BURDETTE AND LONG STREETS
ROUTE ONE
SPARTANBURG, S. C. 29302

THIS IS A COMPREHENSIVE CENTER FOR THE EVALUATION, EDUCATION, AND HABILITATION OF HANDICAPPED CHILDREN AND SOME ADULTS. THE 70,000 SQUARE FOOT BUILDING WAS BUILT BY THE PEOPLE OF SPARTANBURG COUNTY AIDED BY AN APPALACHIAN REGION HEALTH POLICY AND PLANNING COMMISSION GRANT. THE CENTER OPENED IN 1971 AND IS OPERATED AS AN ELEEMOSYNARY INSTITUTION. THE PROGRAMS SERVE SPARTANBURG AND ADJACENT NORTH AND SOUTH CAROLINA COUNTIES.

CAPSULE INFORMATION

THE CHARLES LEA CENTER

PROGRAMS OF THE CENTER

A Diagnostic & Evaluation Clinic
A Speech and Hearing Clinic
A Habilitative Unit for Retarded Children
A Habilitative Unit for Emotionally Disturbed Children
A Day Care Operation for Profoundly Retarded Children operated in conjunction with the State Department of Mental Retardation
A School Consultation Program for Children with Learning Problems in the Spartanburg County Schools
A Teacher and Student Training Program

In addition, the Center has started to develop a comprehensive program for mentally retarded persons of all ages in Spartanburg County.

PARTICIPANTS IN THE PROGRAMS

Approximately 340 children enrolled in the Habilitative Day Programs
Approximately 200 children and adults per week going through the two clinics
300 teachers receiving training in the School Consultation Program
Approximately 250 teachers have taken part in Special Education courses given at the Lea Center by University of South Carolina faculty and members of the Lea Center staff.
Approximately 100 college students have done volunteer and project work in the center and an additional number will soon start doing practice teaching here.

STAFF OF THE CENTER

52 professional
49 non-professional
17 managed personnel

BUDGET

Proposed 1973-74 Budget - $1,006,420

POPULATION SERVED

THE CHARLES LEA CENTER SERVES:

- --Hearing Handicapped Children and Adults
- --Speech Handicapped Children and Adults
- --Children with Emotional and Psychiatric Disorders but normal I.Q. - Age 3 - 12
- --Learning Disabled Children Age 3 - 12
- --Trainable Mentally Retarded Children with and without other handicaps Age 3 - 21
- --Educable Mentally Retarded Children with secondary handicaps Age 3 - 21

  Secondary handicaps include:

    - Emotional Problems
    - Orthopedic Problems
    - Cerebral Palsey
    - Traumatic Brain Injury
    - Epilepsy
    - Spina Bifida
    - Severe Speech Defects
    - Etc.
- --Profoundly Handicapped Children

Approximately 50% of the people served are within or near the poverty level. All programs are day programs.

HISTORY OF THE CHARLES LEA CENTER

The Lea Center is an outgrowth of the Spartanburg School for Handicapped Children and the Spartanburg Speech and Hearing Clinic. Both of these organizations joined together in an effort to build a common center. They were subsequently joined by the Spartanburg County Mental Health Association and by the Spartanburg County Association for Retarded Children. Several years ago the four groups formed a single "center" board which has provided the leadership to build and start the Lea Center.

Construction funds were furnished by an Appalachian Regional Commission grant of $969.000 and approximately $400.000 raised in a local campaign. The center was completed and occupied in August, 1971.

FINANCING OF THE CENTER

The physical plant was constructed and equipped with a $969,000 grant from the Appalachian Regional Commission and $400,000 raised in a local campaign.

The 1972-73 operating budget is $887,168.

Major sources of income are:

Public Schools (payment of certified teachers)	$282,000
Appalachian Regional Commission	367,000
United Fund	73,000
S. C. Department of Mental Retardation	75,000
Fees	30,000

A major problem in future financing is the replacement of the $314,000 of "Appalachia" grants.

STAFF OF THE CENTER

There are 101 people on the "in-house" staff of the center with an additional 17 working in the public schools under center "technical" management. Fifty-two of the "in-house" staff are professionals including educators, psychologists, social workers, nurses, speech therapists, audiologists, a physical therapist and an M. D. All educators, psychologists and social workers are trained in special education or in the teaching, evaluation, and counseling of handicapped children. Degrees range from B. S. to Ph.D with many holding masters degrees. There are 35 paraprofessionals. They are non-degree people given "in-house" training as assistant teachers. The 15 support personnel are engaged in maintenance, food service, secretarial work, and student transportation.

DESCRIPTION OF THE PROGRAMS

The Diagnostic and Evaluation Clinic

This unit provides comprehensive developmental evaluation of applicants to the Lea Center and to other residents of the region. These evaluations include psychological, social, educational, speech, hearing, and medical components.

The unit also provides re-evaluation of children in the programs of the center and provides psychological evaluations to local day care centers on an organized and continuing basis.

Social work, psychological counseling, and medical services are provided to the two schools within the center. The unit also serves as a resource for the school consultation programs described below.

The Speech and Hearing Clinic

The Speech and Hearing Clinic functions as a community-school clinic and provides services to children and adults who possess a wide range of hearing, speech and/or language handicaps. In addition to the clinic at the Lea Center, a satellite clinic is operated in Gaffney. Services include:

> Speech evaluations and speech therapy are provided for children and adults possessing various kinds of communicative handicaps.
>
> The clinic provides audiology services including hearing evaluations, hearing aid fitting and evaluation, and infant hearing screening. Services are also provided to industry in connection with the Industrial Hearing Conservation Program.
>
> Two classes for the hard-of-hearing young children are operated in the clinic.
>
> The clinic provides technical supervision for itinerate speech therapists working in the public schools of Spartanburg County under contract to the schools.
>
> The clinic works with the public schools in providing a hearing conservation program for school children.

The Pre-School

Two units serve 28 handicapped children 3 to 5 years of age. Handicaps include various levels of mental retardation. Many of the children have secondary medical, physical, and emotional problems.

The programs include socialization, language development, such basics as toilet training, behavior management, and, to the extent a child can benefit by it, a regular kindergarten program. One unit is operated as a Model Program with heavy emphasis on behavior modification.

The School for Retarded Children (McCarthy School)

This school serves trainable mental retardates and educable retardates with secondary handicaps. The secondary handicaps include a wide variety of orthopedic, medical and emotional problems which prevent the child from performing acceptably in a public school situation. Age range is 6 to 21 and over 250 students are enrolled in the program.

The objective is to bring each child to his or her highest level of achievement. To this end, the programs include socialization, language and speech development, academics, home economics, vocational education (on job training), music, physical education and physical therapy. Behavior modification techniques are used. There is a special learning center equipped with teaching units such as the Borg-Warner system 80's and the Hoffman reading system to help overcome the wide variations in student ability.

Older students are divided into two groups. Those who may have work capability are given special job training and, together with the Department of Vocational Rehabilitation, are placed in training jobs in the community. They are also given "in-house" jobs to develop work habits and responsibility. The second group is given heavy training in arts and crafts in anticipation of later assignment to an adult activity center or a sheltered work shop.

All staff members have had training in the education of retarded children. This is the only program for children of these types in Spartanburg County.

Teszler Learning Adjustment School

The Teszler Learning Adjustment School is a unit in the Charles Lea Center that serves through specialized educational programming children (ages 6 - 12 years) with behavioral and/or learning problems. The Learning Adjustment School serves approximately sixty children referred from the Spartanburg area by the public schools, physicians, the Mental Health Clinic, social services and a variety of other agencies. In addition to the strong child service orientation, this school has a commitment to the development of exemplary programming, psychoeducational research, professional and paraprofessional training and the dissemination of new techniques, materials and concepts in the area of learning and behavioral disorders.

The Learning Adjustment School program is organized around the team teaching concept with four member teaching teams at each of three learning levels. Children are programmed in two broad learning areas within a learning level and move freely within levels depending on their specific educational and behavioral needs. Children are assigned to a learning level primarily on the basis of performance on developmental tasks and overt intra/interpersonal behaviors. Specific short and long term academic and behavioral objectives are developed for each child. The Learning Adjustment School is essentially a structured program utilizing a task analytic and behavioral approach to remediation.

An extensive volunteer training program and university student training project is currently operational.

The Day Care Program

This is a training program for profoundly and severely retarded children and is carried out in conjunction with the South Carolina Department of Mental Retardation. Forty-nine children, age 6 to 21, largely from low income families are included in the three operating units.

Children entering the program are given complete diagnostic evaluations as the basis for the development of individualized prescriptive programs. Training is provided in self-help skills, socialization, language development, motor development, and to the extent possible, basic knowledge and general concepts. Physical therapy and medical examinations are provided as required.

The program for the younger children, including some crib cases, is operated in the basement of a local church. Older children are in the Charles Lea Center and to the extent they are able to participate in such programs as physical education, music therapy, arts and crafts and pre-vocational development.

When possible, children are advanced to the school programs of the center.

Heavy emphasis is placed on behavior modification in developing the skills of these children.

This program is regarded as a bridge between community services and institutionalization.

The "Outreach" Program

Because of the limited capacity of the Teszler School, a cooperative program was developed with Spartanburg County School Districts 1, 2, 3, and 7 to provide help for children with learning disabilities and emotional problems within the normal classroom setup. As a basic part of the program, the Lea Center staff has provided 16 training workshops in each of the four districts to enhance teacher skill in dealing with this type of handicapped child. To further support the classroom teachers, each of the districts has hired, with Center help, a consulting teacher who works with classroom teachers on more difficult problems. Also, three of the districts have hired psychologists who, as part of their assignment, work with the classroom and consulting teachers. These people work closely with the staff of the Lea Center in developing programs for individual children. Problems that cannot be solved in the school setup may finally be sent to the "in-house" programs of the Lea Center. Three hundred teachers have participated in this program during this year and have received either graduate credit or credit toward certificate renewal from the University of South Carolina for their participation.

Teacher Training

A close working relationship has been maintained with Converse, Limestone, University of South Carolina, and Wofford College. Many students from these schools have received their practical training in Lea Center classrooms and others have contributed as volunteers during their interim project.

Over 200 teachers have taken courses at the Lea Center taught by staff of the University of South Carolina or by Lea Center staff.

Project Search

In cooperation with the Department of Mental Retardation and the Retarded Children's Association, and with the aid of many volunteers, the Lea Center has conducted an in-depth survey of the number of mental retardates in Spartanburg County who need some sort of program but for whom no programs exists. Over 500 names from a wide variety of sources were developed. Social surveys made by volunteers under the guidance of Lea Center professionals have shown that 230 of these people do, in fact, need some program. Most of them are profoundly mentally retarded and fall into the following age categories:

18 pre-school
104 teenage
29 sub-teen
79 adults

The Lea Center will continue to work with other agencies, both private and public to provide these programs.

TESTIMONY OF MR. GEORGE A. KAHDY, DEPUTY ASSISTANT STATE SUPERINTENDENT FOR THE NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION, TESTIFYING FOR AND REPRESENTING DR. A. CRAIG PHILLIPS, STATE SUPERINTENDENT OF PUBLIC INSTRUCTION OF NORTH CAROLINA, SUPPORTING S-6., THE EDUCATION OF ALL HANDICAPPED ACT--PRESENTED TO:

The Subcommittee on the Handicapped of the United States Senate Committee on Labor and Public Welfare at Columbia, South Carolina on May 14, 1973.

TESTIMONY OF MR. GEORGE A. KAHDY, DEPUTY ASSISTANT STATE SUPERINTENDENT FOR THE NORTH CAROLINA STATE DEPARTMENT OF PUBLIC INSTRUCTION SUPPORTING S-6., EDUCATION OF ALL HANDICAPPED ACT.

PRESENTED TO
The Subcommittee on the Handicapped of the
United States Senate Committee on Labor and
Public Welfare at Columbia, South Carolina
on May 14, 1973.

Mr. Chairman and Members of the Subcommittee on the Handicapped of the Committee on Labor and Public Welfare, I appreciate your courtesy in allowing me to support S-6 by presenting the views of the State Superintendent of Public Instruction of North Carolina. I have with me at this hearing Mr. William R. George, Assistant Division Director of the Division for Exceptional Children; who will assist me in answering questions.

North Carolina has come a long way in providing educational programs for handicapped children since it began directly providing resources for special classes during the 1949-50 school year. Fifty-five teachers were allotted to provide special education for 2,175 children who were crippled, educably mentally retarded, hearing impaired, speech impaired and visually impaired. In 1957-58 the State began supplementing the cost of programs for 391 trainable mentally retarded children. By 1971-72, the last school year for which statistics are complete, other categories were added including emotionally disturbed, learning disabilities and multiply handicapped. Some help is being given at the pre-school level. During that year, the state allotted 2,160 teachers to work with approximately 75,000 handicapped children. The direct cost to the state for instructional programs was approximately $18,400,000 plus $3,040,000 for 3,228 trainable mentally retarded and an additional $840,000 for transportation of

16,600 children. This does not include state staff administration costs (30 state staff in the Division for Exceptional Children), cost of books and supplies, local or federal efforts. Nor does it include budgets of hospitals and other residential institutions which come under other departments. The greatest amount of increase in programs for handicapped children has occurred during the past four years.

In North Carolina an average of approximately $719 per pupil was spent for public education during 1971-72. Of the total amount spent for public education 66.8 percent was provided by the State, 16.2 percent came fro federal sources, and 18 percent was provided by local governments.

You can see from these figures that our law-makers have made a good effort to meet the special needs of handicapped children in a state whose per capita income is 39th among the fifty states in the nation. Nevertheless, this effort falls far short of meeting all of the needs of the handicapped in a manner that we desire.

The state effort is continuing at a costly rate. On recommendation of the Department, the North Carolina General Assembly, which is at this time completing its session, will likely provide the following additional special change budget for the coming fiscal year.

* 200 additional teachers for exceptional children
* Funds to serve an additional 400 trainable mentally retarded children and to increase the assistance for all trainable children by $90 per year. (From $765 per year to $855.)
* Provision of some equipment for hearing impaired programs.
* Provision of tuition grants of up to $1,200 each for as many as 62 children for whom no appropriate programs are available.

* Provision of a new state staff section to furnish leadership in establishing programs in the learning disabilities area.

Nevertheless, all of these laudable efforts are falling far short of adequately meeting the needs of all handicapped children.

* Incidence figures indicate that more than 50 percent of children with appreciable handicapping conditions are receiving inadequate special help.
* The screening and placement system is weak. Psychological services are meager. Evidence is that some children are improperly placed.
* Only a few of the largest of 152 systems provide school psychologists.
* Appropriate equipment, materials and supplies are not always made available.
* Very little is being done, especially in the areas of emotional disturbance and learning disabilities.
* Most schools are at a loss as to what to do with multiply handicapped children.
* Assessment and accountability are accomplished in only a few cases.
* Placement and follow-up activities need much improvement.
* Teacher in-service training, though showing improvement, needs to be stepped-up. There are still too many teachers who are not properly certified.
* Facilities need improvement.
* Comparatively few aides are being utilized.
* Many seriously handicapped children are excluded.

Civil action is presently being taken against the State of North Carolina by the North Carolina Association for Retarded Children, Inc., in the United States District Court. This suit is being instigated because the Association for Retarded Children feels that all handicapped children have a right to as much education as they are capable of assimilating and that many are not receiving this service.

Parents and other interested people have expressed concern that the schools cannot or will not accept children with handicaps that are more severe or different from those with which school people are familiar. We have letters on file showing that parents are paying as much as $5,000 tuition per year to send a handicapped child to a private school out of state. Other letters on file indicate that parents and local school people are finding it very difficult to provide educational programs for emotionally disturbed children who at times need a much lower teacher-pupil ratio and other special resources. Another parent cites a case where her brain damaged child had to travel 50 miles and change buses three times to attend a special class. These are but a few examples of the difficulties which parents and local school people are facing.

Boards of Education and local school administrators are frustrated. Most of them desire to provide adequate programs but do not know from where the additional necessary resources will come. At the same time, it appears that federal funds might decrease. These concerns plus the expanding cost of standing still are becoming mammoth. Rapid social changes in the public schools of North Carolina have helped to drain local resources.

S-6, therefore, in our opinion, is not only desirable, but absolutely necessary, if our public schools are to provide a free, appropriate, individualized program for all handicapped children at the pre-school, elementary, and secondary school levels by 1976. The outlook at present is that we will struggle to stand still in the years to come. The conditions outlined in the Bill appear to be fair and appropriate. A few of the benefits to be derived are:

- Inclusion of all handicapped children who can benefit.
- Better planned and managed total programs for handicapped children.
- Reduction of fragmentation of efforts.
- More individualization of instruction.
- Improved quality of instructional personnel.
- Assessment and accountability
- More adequate resources
- Keeping handicapped children, as much as possible, in the mainstream.
- Better placement and follow-up of graduates.

To do less than this is counter to the philosophy of public education in this nation. Concern for the worth and dignity of the individual is the premise on which we as a people have taken pride. The facts are that our national efforts in behalf of handicapped children fall short of our words and our constitutional mandates. North Carolina wants to do more. It commends the Senate Committee for its initiation of S-6 and pledges its full and enthusiastic support.

Let me thank you again for allowing me to share with you our opinion of the "Education for All Handicapped Children Act."

STATE OF FLORIDA
DEPARTMENT OF EDUCATION
TALLAHASSEE 32304

FLOYD T. CHRISTIAN
COMMISSIONER

[illegible]

May 14, 1973

TESTIMONY

HEARING ON SENATE BILL 6
U.S. SENATE LABOR AND WELFARE COMMITTEE
SUBCOMMITTEE ON THE HANDICAPPED

by

Landis M. Stetler, Ed.D.
Administrator, Education for Exceptional Children

Senator Williams and members of the Committee, as the representative of Commissioner Floyd Christian I wish to thank you for this opportunity to testify before you and to share Florida's goals and concerns for the education of handicapped children. I have organized my comments under three major topics:

1. Background and Summary of Florida's Program for Exceptional Children.
2. Constraints in Implementing State-wide Programs.
3. Comments on Senate Bill 6.

Background and Summary of Florida's Program for Exceptional Children.

First let me briefly summarize for you Florida's program for handicapped children.

Beginning with the Florida School law passed in 1941 to provide for the education of "physically handicapped" children and an amendment passed in 1945 making provision for the mentally retarded public school students, Florida gave recognition to State responsibility in the provision of instruction and facilities for exceptional children in district school systems. When the present Minimum Foundation Program was passed in 1947, broader provisions were made for special education to meet the needs of all exceptional children in so far as practicable by permitting the establishment of special instruction units for exceptional children from State funds.

The Special Legislative Session on Education in 1968 passed legislation mandating that each district school board provide appropriate programs of special instruction for all exceptional children by 1973-74. The Legislature provided increased funding for exceptional child instruction units as well as special funds for facilities, equipment and teacher training to fully implement the program in five years. The Legislature has fully funded the Department of Education's request except for additional State staff.

Under the State Board of Education a residential program is provided for deaf and blind students at the Florida School for the Deaf and Blind in St. Augustine. The school presently provides education for 653 deaf children in the Department for the Deaf and 200 blind students in the Department for the Blind. Two years ago state-wide services for deaf/blind children were begun and are being coordinated through FSDB.

The Florida Instructional Materials Center for the Visually Handicapped was authorized by the 1972 Legislature and began operation in 1973.

Other residential programs are administered by the Department of Health and Rehabilitation Services. These include:

> Division of Retardation - Four training centers, two hospitals and community programs.
>
> Division of Mental Health - Educational programs for school aged emotionally disturbed children in three of the four State's mental hospitals serving 164 school aged students.

Division of Youth Services - Four residential training centers for delinquent and socially maladjusted youth and community based programs.

There are sixty-seven (67) county school districts in Florida, falling into the following student population groupings:

250,000 - 35,000	*11*
35,000 - 15,000	*10*
15,000 - 700	*46*
	67

After four years of the legislative thrust to serve all exceptional children by 1973-74, the status of school district programs is outlined in Chart A.

In addition to the legislative support to fund the phase-in plan for mandatory legislation, the State Commissioner of Education identified the "Expansion of education for the handicapped, with specific attention on completing the final phase of the State-wide program for all handicapped children of school age and pre-school age for specified handicaps," as one of the six priority areas for the Department of Education for 1972-73.

The State's role in education has been identified as responsibilities and activities related to:

1. *Those directed toward maintaining the effectiveness and efficiency of present educational practices as directed by statutes, regulations, and professional standards, and*
2. *Those directed toward identifying, developing, and encouraging new or improved procedures and practices in educational institutions.*

The Education for Exceptional Child Section emphasizes the role of its staff members in the mutuality of planning with local districts and residential programs to assure the availability of appropriate educational programs for all exceptional children. One of the primary ways to achieve this is through

CHART - A

1971-72
FLORIDA'S EXCEPTIONAL CHILD PROGRAM
% OF CHILDREN SERVED

Based on 1971-1972 ADM. 1,401,055

TYPE PROGRAM	PREVALENCE	TOTAL	SERVED	%
EDUCABLE M R	2.00	28,000	24,165	86%
TRAINABLE M R	.25	3,500	3,268	93%
PHYSICALLY HANDICAPPED	.65	9,100	6,733	74%
SPEECH AND HEARING	5.00	70,000	42,058	60%
DEAF	.10	1,400	1,077	77%
VISION	.09	1,350	804	59%
EMOTIONALLY DISTURBED	1.00	14,000	3,665	26%
SPECIFIC LEARNING DIS.	1.00	14,000	7,138	51%
SOCIALLY MALADJUSTED	1.00	6,694	2,403	36%
GIFTED	2.00	28,000	10,533	38%
TOTALS	13.09	176,044	101,844	58%
HANDICAPPED	11.09	148,044	91,311	62%

the *County Plan for the Provision of Special Education for Exceptional Children and Youth*. (Beginning 1973-74 this document will be entitled: *District Procedures for Providing Special Education for Exceptional Children*).

CONSTRAINTS IN IMPLEMENTING STATE-WIDE PROGRAMS

We realize that we have done the easy part - the obvious program growth - the obvious facilities needs - the obvious training needs. The hardest five years are yet to come.

Persisting major concerns and problems are:

(a) Programs Accountability - The accountability for student learning or student performance is truly still in its infancy. We are making some effort through the inclusion of handicapped children in the total State assessment program in the areas of reading, writing and arithmetic and through a significant Title VI-B project on the accountability of programs for the trainable mentally retarded.

Secondly, we are beginning to face the accountability of program cost, both in terms of effectiveness and efficiency. The education of handicapped children is no longer charity. It is projected that during fiscal year 74 Florida will utilize $100,000,000 of local, State and federal funds to educate its handicapped children. With mandatory legislation and increased funding the accountability at the State and local level must be effectively carried out; however, in our State there has been inadequate support for the necessary leadership personnel at either the State or local level.

An emphasis on direct services to children is important, however, unless teachers and other direct service personnel are properly supervised and programs properly managed, there will be little program effectiveness and efficiency. As local school districts experience the budget squeeze, the supervisors for programs for the handicapped are the first to go. One of our larger school districts with 30 teachers of the deaf has no supervision for these teachers. At the State level, we have no full-time consultant in the area of the emotionally disturbed, the socially maladjusted, the gifted, the trainable mentally retarded, specific learning disabilities, or the physically handicapped. Program development and leadership must be provided to these programs by consultants having responsibilities for other exceptionalities or for federal programs. I would be the first to oppose a large State staff, particularly in Florida where our county school systems give us a broad base for district programming and can enable supervision to be as close to the teacher as possible. However, there must be at least a minimum State staff with a leadership person for each area of exceptionality and the necessary support personnel to carry out evaluation and planning functions.

(b) Lack of services to support the instructional program for handicapped children - As local school districts broaden the age range of handicapped children that they deal with and broaden the severity of the handicapped with which they deal, the support services to maintain children in an instructional program become increasingly critical. Such services as medical evaluation, psychological evaluation, in-depth educational assessments, and social work services, must be provided for a quality program. If these are not provided and local school programs fail in educating handicapped children, as they surely will without the appropriate support services, there will be a tremendous back-lash against public support of educational programs for handicapped children. Other support services of in-service training in the utilization of technology and instructional materials, the development of individual student prescriptions and the translation of research into the classroom must be provided.

(c) Facility needs - Florida has provided over the past five years $16,500,000 for the construction of specialized facilities for handicapped children. These funds have been used for the construction of special schools for the trainable mentally retarded, suites onto secondary schools for the educable mentally retarded, regional facilities for deaf children and wings onto regular schools for the physically handicapped, blind and deaf. By next year, 75% of the trainable children in Florida will be attending school in facilities less than four years old. However, there is still a critical facility need in Florida to provide services state-wide. The major problem is space within older school facilities, particularly space for speech therapy and resource rooms for the learning disabled and emotionally disturbed.

(d) Transportation - In the low prevalence area, the grouping of children to provide adequate programs presents a major problem. Establishment of multi-district programming is contingent upon the provision of transportation. The initial capital investment in buses, vans or passenger cars to transport children into regional programs has presented and is continuing to present a problem for us. We have used some Title VI-B money in this way.

(f) Resources to provide stronger links with residential programs - as residential and institutional programs emphasize the development of community services and the maintenance of handicapped children in communities local school systems must be prepared to accept these students in their programs. The necessary planning and resources must be available both at the State and local level to provide for the movement of students into community programs.

(g) The expansion of educational programs for pre-school handicapped children. Since 1947, Florida law has permitted the use of State units for exceptional children ages 3 and 4 and the large school districts have provided pre-school programs particularly in the area of deaf and physically handicapped. The Legislature is presently considering legislation to permit the use of State funds for exceptional children below the age of 3, which if passed would give some impetus to this program; however, the program will still be permissive. Resources do not seem to be available to significantly expand pre-school programs.

COMMENTS ON SENATE BILL 6

Now let me turn my attention to the specifics in Senate Bill 6 as they relate to the needs of handicapped children in Florida. To reach the goal of an equal educational opportunity to all handicapped students in our country by 1976, a strong federal, state and local partnership will be required.

In section 4, the bill proposes to assist the States in providing a free appropriate education for handicapped children at the elementary and secondary school levels. Florida's Commissioner feels it is appropriate for the federal government to be a partner in assisting the States fulfill their responsibility to assure a uniform system of free public education for the handicapped and for the federal government to provide categorical funds for these children. However, guidelines for the administration of such funds must be consistent with the State's goals and philosophy and Congress must commit itself to full funding.

Now let me point out the topics in the bill which I believe are consistent with Florida's philosophy and those that may be in conflict. Consistent with Florida goals are:

1. Mandatory availability of educational opportunities for all handicapped children.
2. A commitment to program planning and orderly, reasonable program development.

3. The commitment to individualization of instruction and programming with accountability of school personnel, parents and where appropriate the child himself.

4. The commitment to impartial student evaluation procedures.

5. The education of handicapped children in regular school settings whenever practical. Since 1947 Florida has been a leader in the use of resource rooms and optional administrative organizations for handicapped children.

6. The use of advisory committees to assist in the implementation of educational programs for the handicapped.

The concerns that I have about the bill are:

1. The funding formula seems unnecessarily complicated and it may result in the rich getting richer.

2. In section 6 (a)(11) it is indicated that the State would be required to keep a listing of all handicapped children within the state. This is definitely in opposition to Florida's philosophy and operation. In the early 1960's, Florida embarked on a comprehensive data processing of student information at the State level, it was our experience that such data collection was very costly in time and money and shows little benefit to students. I would recommend that this section be modified to require that States establish procedures for monitoring the identification, placement and educational services received by handicapped children.

3. I also have deep concern for the section which requires the U.S. Commissioner to prescribe uniform criteria for determining the handicapped children to be served, although I am not opposed to broad guidelines or broad definitions.

4. In section 8 it is indicated that 1% of the total grant might be utilized by the State education agency. I believe this is completely inadequate. The amount of funds to Florida would have to increase from the present one million to ten million for us to maintain the amount of administrative funds that we presently receive of $100,000. The present $100,000 has been further reduced by a 34% indirect cost charge against salaries so that the funds available to actually monitor Title VI B is very limited. Either the precentage should be changed or an additional percentage specified for program planning and development activities that would be required in the implementation of Senate Bill 6 within a State.

CONCULSION

The State Education Agency in Florida strongly supports Senate Bill 6 and I feel that it is crucial to enable Florida to take the next step in providing comprehensive, quality programs for handicapped students.

STATEMENT OF

ALLAN W. GURLEY, DIRECTOR
DIVISION OF EARLY CHILDHOOD
AND SPECIAL EDUCATION
GEORGIA DEPARTMENT OF EDUCATION
ATLANTA, GEORGIA 30334

PRESENTED TO THE HONORABLE HARRISON WILLIAMS, ET AL, IN SUPPORT OF S. 6

Mr. Chairman, this statement is submitted on behalf of the Georgia Department of Education in support of Senate Bill 6, a bill for handicapped children.

As a bit of background, you should know that Georgia has a commitment to serve all handicapped and gifted children by 1975-76. Our legislation requires comprehensive planning at the state and local level, mandatory educational programs and services for all children ages 6 through 20 as well as the provision of funds for children who must have programs not ordinarily coming within the prescribed curricula of the public schools. Our Legislature, State Board of Education and public schools have responded to the mandate. We anticipate quantitatively serving between 70 and 80 percent of our handicapped and gifted children during FY 1974.

As with all states, the problem of determing the necessary and actual parameters for the education of all handicapped children and youth is complex. With the courts now stipulating that programs and services for the handicapped shall be provided, you and the Congress as well as we and our state are on the threshhold of the need to develop and implement creative and innovative approaches that will promote the necessary flexibility to serve the handicapped population. We are convinced that close cooperation between federal and state government is a priority. With this thought in mind, I would like to speak briefly to three basic points which I believe pertinent and to which your bill contributes either directly or indirectly. The first of these is the need to have continued visibility at the national level. The federal government presently finances less than 10% of the amount of the obligated funds in our state. The indirect contribution, however, of the Congress, the Office of Education, and particularly the Bureau of Education for the Handicapped, has assisted us in meeting our commitments. It is, in our view, absolutely essential that a national goal to serve all handicapped persons be kept in focus, maintained and funded.

Secondly, your bill would provide for a consistency which is often lacking in federal legislation leading to authorization of subsequent funding levels. It would be extremely difficult to build programs with federal funds, only to have them torn down with a change in administration. I would hope that you strive for a long-term commitment within the legislation you propose.

A third important factor is a guarantee of a specified amount. As stated earlier, present federal support amounts to less than 10% in our state; however, that amount of money provides us with discretionary funds to develop innovative programs which would not be possible with only state-appropriated funds. Federal money has assisted us in providing a measure of quality to the quantitative delivery responsibility which is, and should continue to be, a state responsibility.

I will add one final point, although perhaps not specifically pertinent. The legislation which you propose is basically consistent with our state legislation. However, I do feel the scale recommended for allotment of funds should be reevaluated. It is a great deal more difficult to arrive at exact cost amounts in dealing with Minimum Foundation Programs.

May I take this opportunity to thank you, other Senators and Representatives, and the Office of Education, Bureau of Education for the Handicapped, for funds and services you have provided and for continued commitment on behalf of handicapped children. I believe, as I am sure you do, that we cannot afford to go backward and that we must maintain visibility and a national commitment to provide adequate educational programs and services for all handicapped and gifted children. Through this kind of commitment our own state will benefit.

Testimony
before
Subcommittee on the Handicapped

Mona K. McCubbin
Academic Supervisor
Atlanta Area School for the Deaf
Georgia Department of Education
Clarkston, Georgia

May 14, 1973

My name is Mona McCubbin and I am currently the academic supervisor of the primary program at the Atlanta Area School for the Deaf in Clarkston, Georgia. I am pleased to have this opportunity to testify at this hearing in support of the Senate Bill 6 introduced by Senator Harrison Williams regarding education for all handicapped children.

My testimony today will be directed solely to the area of the hearing handicapped child. Figures and statistics I use are for the most part based on the State of Georgia. However, many figures and ratios will be very comparable to other southern states surrounding Georgia.

My experience at the Atlanta School has given me an insight to the problems involved in establishing and maintaining programs serving the hearing handicapped child in Georgia. Traditional modes of educating the deaf child in the south has been residential facilities. These types of educational services provided by the state require financial committment in both the educational and maintenance areas.

However, Georgia has made a stride forward in establishing this year the Atlanta Area School for the Deaf. It is unique in that it is a completely state funded total communication day school program serving eight counties in the metro Atlanta area.

The establishment of this school was due partially to the state statue 453 passed in March of 1968. This bill requires that by 1976 the State Board of Education provide for the "implementation of statewide programs for the education of exceptional children." The term "exceptional" as used in the bill is to include "children who are mentally retarded, physically handicapped, speech handicapped, multiple handicapped, autistic, intellectually gifted, hearing impaired, visually impaired, and any other areas of exceptionality which may be identified."

In an attempt to fulfill the requirements of the bill, a state-wide plan was developed for each type of handicap cited. The state-wide planning committee for the education of the hearing handicapped was composed of deaf adults, educators from both state, local, and private programs representing different philosophies, parents, state and local consultants, and program administrators. This committee proposed a comprehensive plan for educating both the deaf and hard of hearing children in the State of Georgia encompassing residential school facilities, day schools and classes, and private schools and agencies. It was developed with the intention of serving all hearing handicapped from birth to twenty-one years of age. The plan includes a parent-infant program to be established at the regional schools. This new concept has been implemented this year at the Atlanta School, where one teacher is working with parents and infants in the metro Atlanta area. The proposed plan is presently being reviewed by the Georgia Education authorities.

Based on figures taken from the U. S. Office of Education national incidence of the preschool and school age population there are a total of 9,641 deaf and hard of hearing children this year in Georgia. Of this total, based on figures taken from the American Annals for the Deaf, there are 1,242 children being served in special programs for the hearing handicapped. This leaves a total of 8,399 hearing impaired students who are not presently receiving additional services beyond the regular educational environment. It should be clarified here that not all of these children require special classes or separate schooling. However, it is clear as to the magnitude of children that must be served by 1976 in Georgia.

According to the Annals listings for Georgia there are 190 teachers in the hearing impaired programs this year. Using then the ratio derived from these figures of one teacher per 6.5 students the increase of teaching staff to serve these additional students will be 1,292 teachers. This is only based on the 1972-73 population. By the 1976-77 school year the total teaching positions needed to serve the total population will be even greater. I'm sure similiar figures could be provided for the other bordering states.

This teacher-pupil ratio of 1:6.5 for Georgia is generally considered to be an effective teaching situation. Although, a national average is not available, research and practical experience has proven an effective classroom for the hearing impaired child must be kept much lower than the regular educational setting. This ratio seems to be directly proportionate to the increase in age of the child. To cite from personal observations, preschool classrooms seem to be most effective in a setting of one fully certified teacher, one teacher's aide, to six preschoolers. However, high school age students seem to function well with a one to ten ratio. This again, I stress, is not a national average. Many factors would have to influence the establishment of a suggested national teacher-pupil ratio for hearing impaired classes. As is always stated, but is nevertheless very true, it does depend upon the individual children and the type and severity of their handicap.

This lower teacher-pupil ratio is one of the extra financial costs involved for the states in providing the proper education. The deaf require, due to the lack of normal language acquisition, additional equipment and materials to supplement the language and reading areas. With the deaf much of the educational instruction must be visually oriented. This requires additional monies for all types of audio-visual equipment. Also, to successfully utilize the residual hearing of deaf children it is necessary for each classroom to be equipped with amplication units. To illustrate the expense of this, in our school alone this year we have invested $75,000 for auditory training equipment to serve 130 students.

The early diagnosis and evaluation of children with hearing impairments is of utmost importance. According to the proposed state plan for Georgia there is to be diagnostic evaluation and counseling services in all regional centers throughout the state.

This, of course, will involve specialized personnel such as an audiologist, psychologist, nurse, social worker, and consulting physician. All of these are additional but very necessary expenditures for the effective education of the hearing handicapped child.

The 1972-73 average estimated per capita cost in the state supported schools for the deaf in Georgia was $3,910. Although an exact per pupil cost for hearing impaired students in the public school is not available, it would be considerably less. Using figures taken from Senator Williams' estimated costs by state tables, Georgia's average pupil expense for the handicapped child is $1,054. The estimated per pupil cost of educating non-handicapped students in the state for this year was $705. There is a substantial increase in cost for educating the hearing impaired child regardless of the type program provided.

Total Federal monies received in Georgia this year earmarked for the education of handicapped children from Title I, III, VI part B and D, and public law 90-576 was $2,981,727. The total state expenditure for educating the handicapped during the 1971-72 year was $18,906,000. Considering the broad scope of handicapped children that is to be provided special educational services and the costs involved in providing these services, one is overwhelmed at the extra financial burden this places upon the state and local district educational budgets.

I hope that my testimony today will help you to better evaluate the necessity for the passage of the bill for the education of the handicapped.

Testimony
before
Subcommittee on the Handicapped
Harrison Williams, Jr., Chairman

Rance Henderson
Superintendent
North Carolina School for the Deaf
Morganton, North Carolina

May 14, 1973

My name is Rance Henderson and I am currently Superintendent of the North Carolina School for the Deaf in Morganton, North Carolina. I am delighted to appear before you as a representative of the Council on Education of the Deaf and in behalf of the need for continued, specific Federal financial support for programs serving persons with physical and/or mental impairments and for continued Federal financial support for training personnel for such programs. Indeed, it would be appropriate to ask for expansion of that funding.

It is not the intent that this testimony should be too personal; if it appears so, please accept these explanatory thoughts: first of all, education is a personal thing--especially for handicapped children; secondly, my own personal experience has taken place at a time when Federal financial support brought new promise and hope to those of us who work with handicapped children.

Federal support of teacher training programs made it possible for me to acquire the training needed to teach the hearing impaired. Immediately after the training I was employed by the Oregon School for the Deaf which was shortly to be lifted into a time of new spirit and hope because new and needed programs became possible with the provision of Federal financial help.

Thereafter I was fortunate to be selected for a Federally financed program to prepare persons to administer programs for the hearing impaired--a program needed for a long time and immediately realized with Federal support.

It then became my good fortune to be Director of a regional day class program for the hearing impaired which was both programmatic and demonstrative in nature and funding. This gave fantastic impetus to efforts to provide local--where appropriate--programs for the deaf and hard of hearing.

More recently I have been associated with the North Carolina School for the Deaf where federal funding presently makes it possible to carry on a quality teacher training program and to provide children with personnel and material at a level greatly needed but available ONLY with the use of Federal monies.

In short, the past decade or so has been a time of significant expansion of the efforts on behalf of handicapped children and rightly so. It has been a time of hope and optimism.

That hope and optimism is being replaced with fear and discouragement. Assurance and confidence dissipate in the face of uncertainty and a bewilderment with the nature of priorities.

The teacher training programs which prepared me and hundreds of others and which are still needed desperately are being cut back in a way that makes it extremely difficult to plan and most assuredly in a way that will result in a lack of trained personnel. Programs to train specialists--

administrative and otherwise--are given termination notices seemingly with a cold indifference to accomplishments and continuing need. Programs such as the one I mentioned in Illinois are being cut back to a level which can be supported locally and in many cases that is criminally low. Our own school is faced with a severe reduction in proven-to-be-effective services because of reductions in Title I funds.

Those of us who are deeply concerned and disturbed by all this are given far from satisfactory answers when we ask "why?".

We are told that the cuts result from new priorities. Who established these priorities? Who was it who purposely placed handicapped children generally and deaf children specifically so low in priority? If--on the other hand--the sin was one of omission rather than commission then I would ask: was there no one to advocate for these children? Shouldn't there have been?

We are told that matters will be cared for by revenue sharing to the states. Will revenue sharing return significant amounts to the states? From this amount will adequate or same-levels of support be set aside for and guaranteed for handicapped children?

Without the same levels of support with guarantees there are the dangers of inadequate or no funding for handicapped children. There are great possibilities of the monies being used for purposes which are more politically expedient or sensitive. This is an acute possibility when one considers the relative lack of political clout of parents of handicapped children. Moreover, consider the plight of deaf and hard of hearing children, handicapped first of all by the hearing loss which imposes great difficulty in the acquisition of language, secondly by an "invisible" impairment and thirdly by virtue of the low incidence of the problem.

Educators of the handicapped today are faced with tremendous charges, obligations and challenges generally. In the field of deafness, to be more specific, we are faced with a growing number and percentage of pre-lingually deaf children. There are more, seriously-involved, multiply impaired children who should be served from a humane view and who must be served according to recent judicial views. These services require higher per capita costs.

These are exceptional children and they are entitled to exceptional support--there is nothing as unequal as equal treatment for all children.

How is this exceptional service to be provided and by whom?

I respectfully submit that the answer is not revenue sharing. The answer--in my opinion--is continued and greater financial support for specific needs of all handicapped children and for specific groups of handicapped children, e. g., deaf and hard of hearing children. I further submit that there be built into the priority making and money spending system a clear advocacy provision for handicapped children, i. e., a strong advocacy group which will be more interested in the needs of children than in the need to comply with momentary administration convenience or needs.

There are many fine people in this country devoting their lives to comforting the afflicted in various ways--there need to be some at the federal level who will afflict those who are seemingly very comfortable with decisions that are, at most, indiffierent to the needs of handicapped children and federal responsibility to provide for these needs.

The April 1973 issue of the Deaf American contained in an article entitled "The Squeeze is On" these words: "At this writing, another Vocational Rehabilitation Act has been passed by the Congress and vetoed by President Nixon. The Senate has upheld his veto. An administration-sponsored bill is likely to be submitted. Nobody seems to know what it will contain in the way for programs for the deaf. The Department of Health, Education and Welfare faces a general cutback and a reorganization of offices and agencies. Again, the picture is clouded. Nobody can plan ahead--at least not very far.... The deaf have much at stake...."

I submit that the deaf do have much at stake. So do all handicapped children. If they do--we all do. Thank you.

THE TESTIMONY OF SUSAN R. PENCE
BEFORE THE SENATE SUBCOMMITTEE ON THE HANDICAPPED OF THE SENATE LABOR AND PUBLIC WELFARE COMMITTEE

REGARDING

S.6. TO PROVIDE FINANCIAL ASSISTANCE TO THE STATES FOR IMPROVED EDUCATIONAL SERVICES FOR HANDICAPPED CHILDREN

May 14, 1973
Columbia, South Carolina

It is indeed a privilege for me to represent the South Carolina Speech and Hearing Association here today and to voice their support of Senate Bill Number 6, "Education for All Handicapped Children Act".

As a person who has been actively involved with a public school speech, language and hearing program for the past twelve years, my personal support for this bill is overwhelming.

I am sure that through the testimonies of other persons who have preceded me today and during other hearings, research statistics have produced figures which justify the concerns of educating "special children". We are all aware of the needs of these children or we would not be here today. And I am positive that the main deterrent in the lack of services or the inadequacies of services is the lack of money. Our own state legislature passed a marvelous five year plan for educating handicapped children. However, no money was allotted for this bill. The burden of financing this plan was placed upon the local school districts who were already staggering under inflated costs, additional services required for accreditation, and a general public attitude of "You have already been given more money than we can afford." Since the state of South Carolina is already rated near the bottom of the ladder in education, the concern here with legislators is to upgrade general educational programs. All effort and money is going in that direction first. To take the present

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revenue and expect large amounts to be earmarked for Special Education is not practical. And yet, the needs of the "special children" are there.

With the lack of speech, language, and hearing personnel, we are not adequately able to locate all students with communication disorders. Only the most obvious problems are detected by classroom teachers and these students are referred for further testing. And nothing in the area of prevention is being carried out through developmental language programs in kindergartens and first grades.

Senate Bill No. 6 gives me hope that our students will be given the quality of services needed. One of our greatest concerns is transportation, particularly our hearing impaired children who must attend a school which is not usually the one in the assigned area for the other children in the neighborhood. Many hearing impaired students are at home, missing the language and socialization which they so desperately need. I would like to tell you briefly about one child in my school district. This five year old who has a moderate hearing loss was beginning to lipread and use oral language quite well in our kindergarten class. A neighbor brought her to school for a while, but when the neighbor found a part-time job, the child remained at home. Efforts on the part of our staff failed to find a ride for the child. We have now been told by the family that next fall they are planning to send the child to a residential school for the deaf where she will use manual communication rather than oral language. The tragedy of this story is that this child will be taken out of the family environment at the age of six, all because of the lack of a ride to school. And it will cost the state a large amount of money for this little child to become a residential student.

A major concern of the members of the South Carolina Speech and Hearing Association is the lack of speech, language and hearing survices in rural areas. The primary cause of this appears to be a lack of personnel. It was not clear to me in reading this bill if funds could be used for training personnel who could pay for their "scholarship" by working for a period of time in a rural area. I hope that this type service can be provided through this bill.

Please let me conclude by saying that I am greatly honored to present these views to you today. You may be assured that you have the enthusiastic and fullest support of the South Carolina Speech and Hearing Association. We wish you the greatest of success.

Senator **WILLIAMS.** Thank you very much.

[The hearing adjourned at 2:55 p.m.]